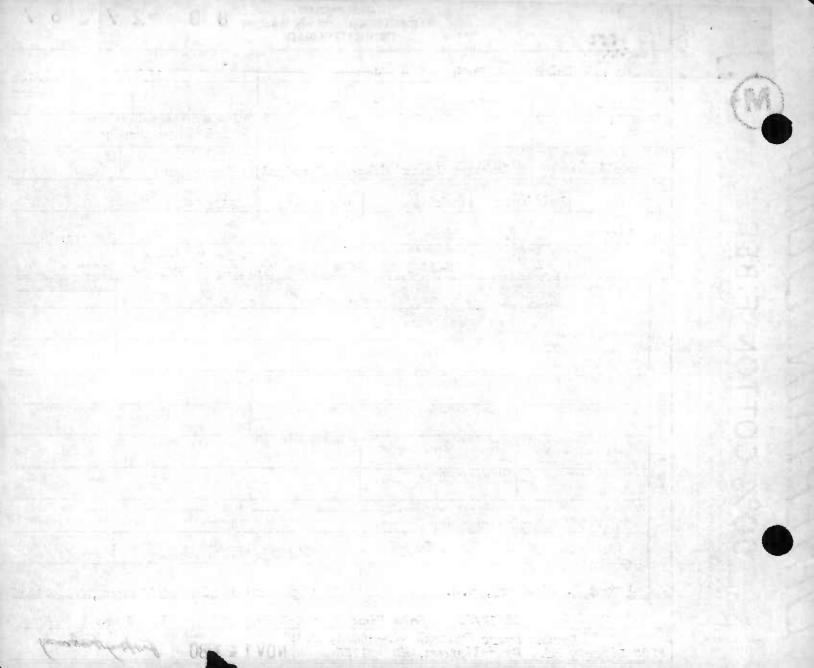
21133

8728 Liberty Rd., Randallstown, MD

(VRA 15, 4)

STATE OF MARYLAND



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4	of a da		Female		asian		Aug. 7,1	.900	1031 8	YRS.	MONTHS DATS	HOOKS MIN
ofter death.	1 2X	(QUI	BIRTHPLACE (Stote or fareign	b. CITIZEN OF WH		_	NEVER MARRIED		INTY OF DEATH		0 0	
offer	1 20		Maryland	U.S.		WIDOWED 2	_		Baltin		0	Md.
	9 ±90	10. 0	ITY OR TOWN OF DEATH	III. NA	ME OF HOSPITAL OR IN: treet address) La		in hospital 12a	i. USUAL OCCI	UPATION (Kind a	wark dane	12b. KIND OF B	
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BALTIMORE, MARYLAND 21201 e be executed within 24 haur	2 sh	odm	ssion) STATE	13b. COUNTY	an: Kesidence before	13c. CITY OR T Baltin	Vec PF	NO NO	13e. STREET AND 4504		w Rd.2	7 229
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LIMO ex	ond co	()	es, pa, or unknawn) (If yes give war	or dates of service)	214-38-	9701 I	Ernest M	I. Adam	ns,Jr.j	Elkrdg	21227	Md.
BAL	n papers.		18. CAUSE OF DEATH (Enter only	one couse per lin	e for (a) and (c)						APPROXIMA	ATE INTERVAL SET AND DEATH
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PRESTON STREET,	00		4100		S A CONSEQUENCE OF		1			mekanta.		1
STON	remove or and in		Canditians, if any, which gave	(b)							,	
de			rise to immediate cause (o), stoting the underlying cause		S A CONSEQUENCE OF							
	please emaval,		last.	(c)								1
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OF VITAL RECORDS, 3: AN: The law requires	permit.	CERTIFICATION	190. DATE OF OPERATION 19b. CC	NDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTOPSY?				NSIDERED IN CER	TIFYING
W ECO		RIFIC					YES	NO 🔲	CAUSES OF DEA	IH?		
AL A	burial, a		21a. ACCIDENT WAS UNDERLYING [DR CONTRIBUTING [CAUSE OF DEAT		INJURY Manth Day Year	21c. HOV	V INJURY OCCURRED	(Enter nature	af injury in Par	1 ar Part 2, Ita	em 18.)	
VIV de	Cote rial-fi	MEDICAL	(If either, natity medical examiner) P.M.	19				W 577			
	burial burial or to b	*	21d. INJURY OCCURRED 21e. Pl While Not while	LACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 216 LOCA	ATION Street or R.F.	.D. No.	City or Town		County	State
DIVISION S PHYSICI	· v1	- 2	at work at work				157			114		
IN S	th the		220. I certify that (I) (this say the deceased oliv	hospitol) of	oder the decease	ed from	that in (my) (ou	19	to	1-090	, that ((I) (we) last
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oz 5	2 5 € X		das b.	Hom	V	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	R STAFF PHYS.	0//-	170	1
3	5		22d. PHYSICIAN NAME (Type)	1 0	7	,	22e. ADDRESS	0 11	1.12	xiti	1	Many
HOSPITAL	FUNERAL ROULD be Health		palar	Y - P.	a inge		10 12	5 M	acre	/ JAK PLAT	v -40	112
		23a.	8URIAL, CREMATION, 23b. DA			CEMETERY OR CI			LOCATION (City		(County)	(Mate)
07	01	24	REMOVAL (Specify) Burial FUNERAL DIRECTOR	10-80	Balto. ADDRESS	Nat*1.	. Cemeter	Ba	altimo	ce Cit	V. Md.	-72
ОНМ	H-16 1/71 30M	G.	Truman Schwa	b. PA. 3	512 Fred	' Ka Ay	NO	VIZ	980	REGISTRAR'S	Personal y	
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63		CEASED NAME FIRST	D.D.	MIDDLE		DRICH	2a DATE OF DE		OAY YEAR	26 HOUR
(MI)	3 SE	RICHA	4 RACE	COMPTON	5. DATE O	OF BIRTH	6 AGE (IN YEARS			741
~	,	Male	Whit	е	Feb.	20,1920 YEAR	60	YRS	MONTHS DAY	S HOURS MIN.
of once.	C	RTHPLACE ISTATE OR FOREIGN Pennsylvania	USA	WHAT COUNTRY?	WIDOWE		Ba1	timore (County	MD.
rs officed		Towson	Greate	chfacility, Give street r Baltimo	address) re Me	dical Center	(TYPE OF WORK FOR	MOST OF WORKING	LIFE) INDUSTR	OF BUSINESS OR
MARYLAND 2120 ed within 24 hours mpletely filled in b and 2 should be fil	130 S Ma	ryland Bal	timore	GIVE RESIDENCE BEFOR 13c CITY OR TOW TOWSO	'N	13d. INSIDE CITY LIMITS?	7308 K		d Rd.	
E, MARYL completely and 2 si	14 FA	THER'S NAME FIRST Herbert Barn	es Aldr	ich		IS MOTHER'S MAIDEN NA	Compton			
BALTIMORE, cate be execut ysicion and cc ppers. Pages 1 val. 1, the medical 1,			MED FORCES? E WAR OR DATES)	212-18-8		Randall C. A			-	lvania Ave
RDS, 201 W PRESTON ST., equires that the death certific in signed by the attending ph. Then please remaye carban pirto burial, cremation, or remaining, or after traumatic even	NOI	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, C	Acute my DR AS A CONSEOU	ocard	ial infarction		r Condition G		
AL RECO	CERTIFICATION	198 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERT	IFYING CAUSE	
SION OF VITAL PHYSICIAN: The ending physicio this certificate F e burdol-transit ad Mental Hygie d or frem 18 sho	EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A	·M.	AY YEAR		REG. NO. 2d DATE OF DEATH MONTH DAY YEAR 2b HOUR 11 21 80 10:53A MONTH DAY YEAR B UNDER 24 HPS 60 YRS. FUNDER 1 YEAR B UNDER 24 HPS 60 YRS. MONTHS DAYS HOURS MIN. 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County MD. 120 USUAL OCCUPATION MIN. MIN. 120 USUAL OCCUPATION MIN. 121 USUAL OCCUPATION MIN. 122 USUAL OCCUPATION MIN. 123 USUAL OCCUPATION MIN. 124 USUAL OCCUPATION MIN. 125 USUAL OCCUPATION MIN. 126 USUAL OCCUPATION MIN. 127 USUAL OCCUPATION MIN. 128 USUAL OCCUPATION MIN. 129 USUAL OCCUPATION MIN. 120 USUAL OCCUPATION MIN. 121 USUAL OCCUPATION MIN. 120 USUAL OCCUPATION MIN. 121 USUAL OCCUPATION MIN. 122 USUAL OCCUPATION MIN. 123 USUAL OCCUPATION MIN. 124 USUAL OCCUPATION MIN. 125 USUAL OCCUPATION MIN. 126 USUAL OCCUPATION MIN. 127 USUAL OCCUPATION MIN. 128 USUAL OCCUPATION MIN. 129 USUAL OCCUPATION MIN. 120 USUAL OCCUPATION MIN. 120			
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TTENDI pital or TOR: A for use of Heal		22a. I certify that Xi (this hasp saw the deceased alive an above 1) (we) (did) (did no	tol) attended to 11	he deceased from _ /21 19			death accurred a		our and from th	ne couses stoted
by the hore by the hore by the hore before before be by the both by the both by the before before beto beto beto beto beto beto beto bet		22b. SIGNATURE	Alle			ATTENDING PHYSICIAN [MEDICAL DIRECTOR			
TO HOSPITAL TO FUNERAL should be del with the Stote		John E.				6701 N. Char.			ore, MD	21204
BP	23a. B	URIAL, CREMATION, REMOVAL Burial				emetery or crematory y Valley Mena	CITY OR TOY	4/61	COUNTY	
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FL	neral director tchell-Wiedefe		6	500 Y	ork Rd.	BER DESIGN	PAR MI. RECT	STR R'S SIGN	7

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FOR

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(VRA 15, 4) 7/7B

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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BP. DHMH-16 30M 2/80 (VRA 15, 4)

FOR STATE REGISTRAR	DEPARTMENT OF	ATE OF MARYLAND FHEALTH AND MENTAL HYG IFICATE OF DEATH		27	374
	MIDDLE	LAST			26 HOUR
Te					2:40 R
Female			6. AGE {IN YEARS LAST BIRT	HDAY) IF UNDER LYEAT MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) inginia	11 C A MARK				MD
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOMI THE NOT INSUGHEACHITY GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	TYPEOF WORK FOR MOSTION	WORKING LIFE) INDUSTRY	of Business or home
UAL RESIDENCE (IF NURSING HOM . STATE	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION OUNTY VALLENCE LACE LACE LACE LACE LACE LACE LACE LA	N) 13d. INSIDE CITY LIMITS? YES XX NO [130/STREET APORESS	age Avenue	
FATHER'S NAME	MIDDE Boyce			Work	man
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	1220 t, 1d.
gave rise to immediate couse (a), stating the underlying cause last	due to, or as a consequence of or <u>Diffuse intravent conditions contributing to death be</u> otic cardiovascular di	vascular coagul UT NOT RELATED TO THE TERM isease; Congest	inal disease or cond zive heart f	DITION GIVEN IN CAN ailure; str 20b. IF YES, WERE FIND IN CERTIFYING CANSE	onic ob- uctive
OR CONTRIBUTION CONTRACTOR	FDEATH HOUR A.M. MONTH DAY YEA	.R			case
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	wn COUNTY	STATE
220.1 certify that K (this has sow the deceased alive above, K (we) (did) (did) (22b. SIGN FIURE				. 19	, that (K (we) last e causes stated E SIGNED
4	4/5	ATTENDING PHYSICIAN	MEDICAL STAF		24/2
S S	DECEASED NAME YPE OR PRINT) TE SEX Female BIRTHPLACE (STATE OR FOREIGN WINTER) CITY OR TOWN OF DEATH ESSEX SUAL RESIDENCE (IF NURSING HOY BY WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) IB CAUSE OF DEATH (Entrement) PART I. DEATH WAS LOSE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICA Arterioscley 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE 211. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CIFE EITHER NOT WHILE AT WORK 220.1 certify that M. (this h sow the deceosed ofly obove, Mewe) (did) (4)	Texas Helen ALLEN SEX Female BIRTHPLACE (STATE OR FOREIGN CONNTRY) Virginia CITY OR TOWN OF DEATH LASA WIDON STATE WAS BOUNTY WISING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) STATE IN AME (FIRST MAME (FIRST MARTH (FIRST MARTH (FIRST MARTH (FIRST MARTH (FIRST MAR	Texas Helen ALLEN Texas Helen ALLEN Texas Helen ALLEN SEX Female SEX SEX Female SEX F	TEXAS Helen ALLEN Texas Helen ALLEN Texas Helen ALLEN S. DATE OF BIRTH November Texas Helen ALLEN Texas Helen ALLEN Texas Helen ALLEN Texas Helen ALLEN S. DATE OF BIRTH November Texas Helen ALLEN Texas Helen AL	DECEASED NAME 1885 MODILE 1AST 120 DATE OF DEATH MONTH DAY YEAR NOVEMBER 24, 1980 SEX Fenale SEX Helen ALLEN 1.5. DATE OF BERTH 1.5. DATE OF DEATH MONTH DAY YEAR NOVEMBER 24, 1980 SEX Fenale SEX Helen ALLEN 1.5. DATE OF BERTH 1.5. DATE OF



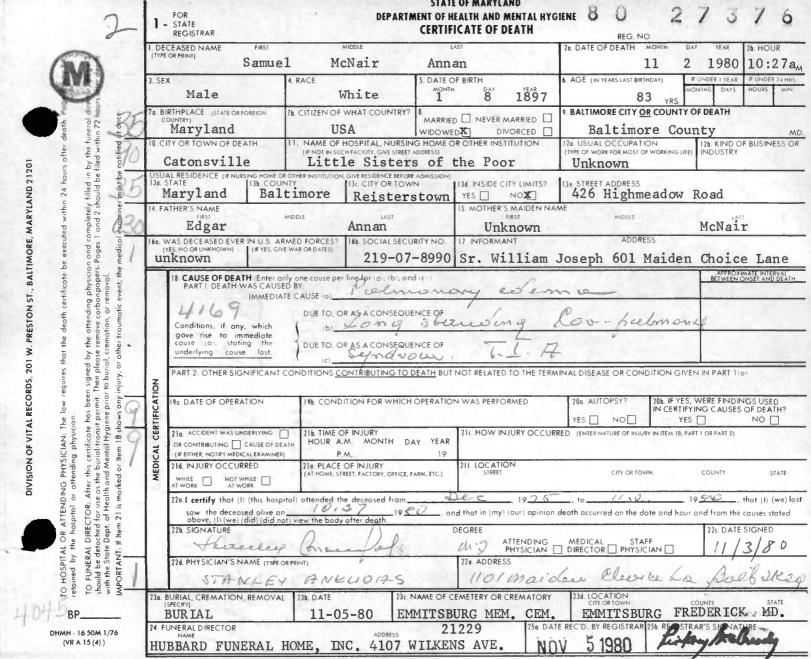
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Timber of 117e

1	FOR STATE REGISTRAR	•	IEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	21013
1. DE (TYP	ECEASED NAME FIRST PE OR PRINTING AS Y GIRL	PEOPLES AND	DERSON	20. DATE OF DEATH MONTH	22 - 80 8,30 pm
4 E	FEMALE	B S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 22 hours	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
35 To. B	BIRTHPLACE ISTATE OR FOREIGN 16 CITIZE SOUNTRY)	S-A. MARRIE	D NEVER MARRIED #	9 BALTIMORE CITY OR COL	
notified of		TOSEPH.	PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126, KIND OF BUSINESS OR
to 13a.	JAL RESIDENCE (IF NUR DIE OTHER INSTI STATE Md. TIMOR	TUTION GIVE RESIDENCE BEFORE ADMISSION) 136 SITY OR TOWN RALTIMERE	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	Hall Aye.
90 30 14 F	ATHER'S NAME FIRST MIDDLE	PEOPLES	15. MOTHER'S MAIDEN NAME FIRST		ANDERSON
	WAS DECEASED EVER IN U.S. ARMED FORC (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATE		GEORGE PEO	ADDRESS	ETER HALL AVE.
otic event, th	18 CAUSE OF DEATH (Enter only one coupart I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAU	HUMINE IM	EMBRANE DIS	EASE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
other troumo	Conditions, if ony, which gove rise to immediate	(b) PROMATUR	ity		
y, or	PART 2 OTHER SIGNIFICANT CONDITIO	NS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	I GIVEN IN PART 1(0)
8 shows ony injur	19a DATE OF OPERATION 19b C	ONDITION FOR WHICH OPERATIO	N WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
- (1		IME OF INJURY JR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	M 18, PART 1 OR PART 2)
rked or Item	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	LACE OF INJURY DME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
m 21 is mo	27a.1 certify that (1) (this hospital) attends sow the deceased alive on	body ofter deoth.	nd that in (my) (our) apinion o	, to 11/22 leath accurred on the date and	thour and from the couses stated
Stote Dep	22b. SIGNATURE Sauch a Jo VI VAL 22d. PHYSICIAN'S NAME (TYPE OR PRINT)	usals us	DEGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED 11–22–80
hould b	S. ROSALES.,	*	70K4 HEATHER		.Md.21212
220	BURIAL, CREMATION, REMOVAL 23b. DA	TE 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
	(SPECIFY) Burial 11/	26/80 Cedar	Hill Com.	Baltimore	COUNTY STATE MD

STATE OF MARYLAND

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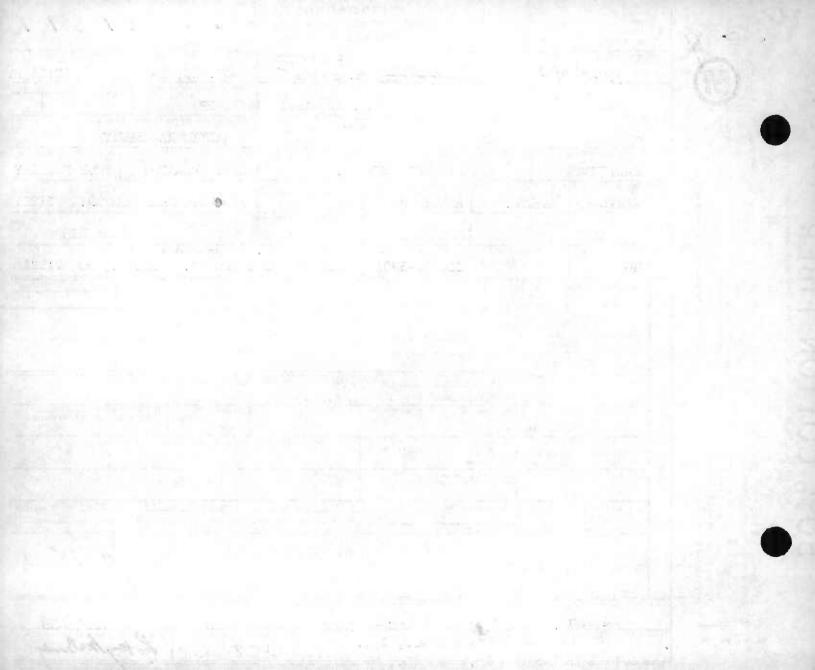
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1980

FOR

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

#23b.Per call w/F.H. 1/28/80 kam

MITCHELL-WIEDEFELD HOME 6500YORK RD

(VRA 15, 4)

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Home, Inc.

STATE OF MARYLAND

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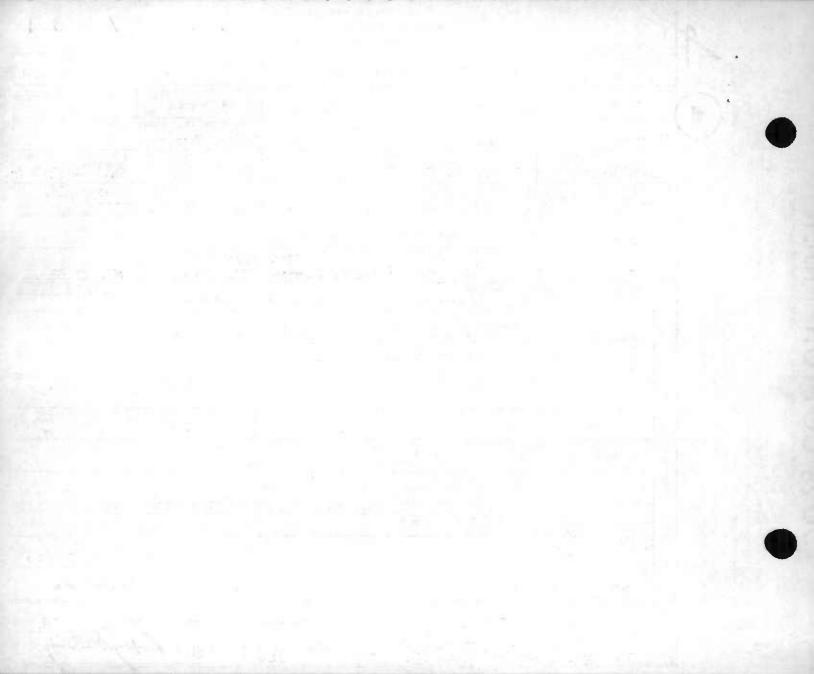
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STATE OF MARYLAND

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		MIDDLE		AST			Y YEAR	2h HOUR
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1	MALE	CAUCACION,			79 4-5	VDC MC	ONTHS DAYS	HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	V2 8		9. BALTIMORE CITY O		OF DEATH	
5	Mary land	U.S.A.						
	No. of the Contract of the Con					-	12h KIND O	F BUSINESS OR
1		Balto. Co. Ge	n. Hos		Stone Cutte	r	R.J. I	Merkel C
1 130	e STATE 1136 COUN	other institution, give residence beauty 13c. CITY OR TO Woodst	WN.	13d. INSIDE CITY LIMITS?	Woodstock,	Md. 2:	errwood 1163	d Rd.
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TION	PART 2. OTHER SIGNIFICANT O	(c)CONDITIONS CONTRIBUTING TO	O DEATH BUT					
	190. DATE OF OPERATION	176 CONDITION FOR WHIC	CH OPERATIO	WAS PERFORMED		IN CERTIFY	ING CAUSES	OF DEATH?
	21. ACCIDENT WAS UNDERLYING	7 215 TIME OF IN HIPV	 	Tale HOW IN IHRY OCCUPE				NO 14
1	OR CONTRIBUTING TO CAUSE OF DEA	HOUR A.M. MONTH	-	210 NOW INJURY OCCUR	CED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T FOR PART 2)	
MEDIC	WHILE I NOT WHILE		E. FARM, ETC)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
	sow the deceased alive on	11-25- 19	N m	. 17	, 10			that (1) (we) last
-1	abave, (1) (we) (didh)(did na	t) view the body ofter death.						
	400	1'air		ATTENDING	MEDICAL STAF	F IAN (M)	11/	25/80
					uliz ben	. H.	yn'l	tal
230	(CDECIEV)				CITY OF TOWN	Bai	county	Md.
24.	FUNERAL DIRECTORT				E REC'D. BY REGISTRAR	-	AR'S SYNAT	PRE L
87	REGISTRAR DECEASED NAME (TYPE OR PRINT) WILLIAM OBJECT OF TOWN OF DEATH III. Randallstown USUAL RESIDENCE (IF NURSING HOME OR OTHER BALTO. OBJECT OF WARNE OF DEATH FIRST Frank C. OBJECT OF WARNE OF DEATH (IF YES, GIVE WARNE) OBJECT OF DEATH (IF YES, GIVE WARNE) OBJECT OF DEATH (IF YES, GIVE WARNE) OBJECT OF OPERATION INC. OR CONTRIBUTING COUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) INC. VALUE OF OPERATION INC. OR CONTRIBUTING COUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) INC. VALUE NOT WAS UNDERLYING OR CONTRIBUTING OF CONTRIBUTING OR CONTRIBUTING O	Randallstown, M.	1d. 211	33 DEI	C 2 1980	broke	7/100	rising

DHMH-16 30M 2/80 (VRA 15, 4)

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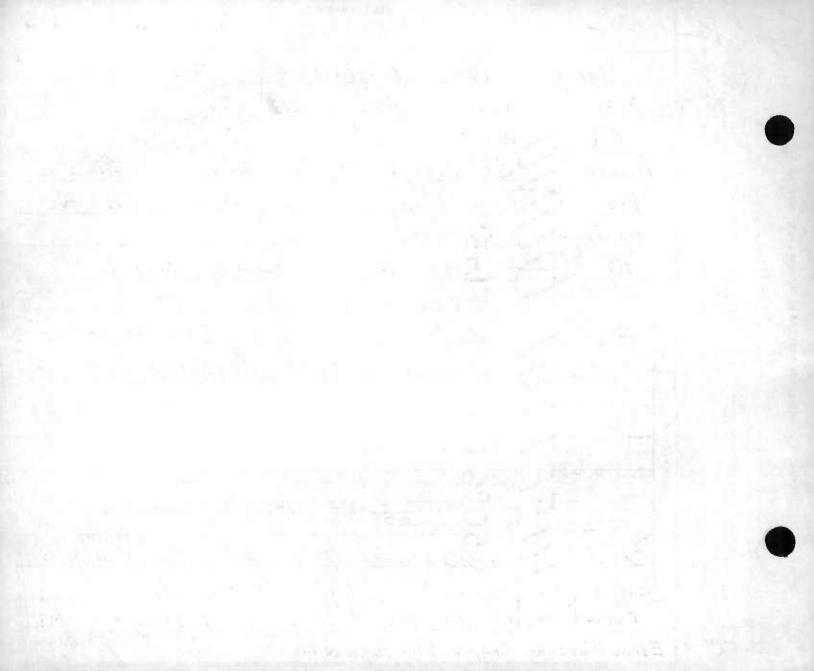
110	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	** ** **
	1-	- STATE	1382
_	10	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DECEASED NAME PRS1. ADDITE MIDDLE AD ALL ST. REG. NO.	
(M)		TYPE OR PRINT! ANA ANA ANA ANA ANA ANA ANA ANA ANA AN	MONTH DAY YEAR 26. HOUR - 11 24 19 W 11 -M
Name :	3. SE	D. M. S. T.	MONTH DAY YEAR 2d. HOUR
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	Linule While MONTH DAY YEAR LAST BIBLIDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD	11 29 80 1130
S CELEBRASS	70. 8	BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. MARRIED 9. BALTIMORE CITY OF FOREIGN COUNTRY)	
A STANS	1-	- MARYLAND USA WIDOWED & DIVORCED 1	to Co. MD.
DELAY IS TO THE I TO THE PAGE SS 301 V	Po	GITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SPICE FACILITY, GIVE SPECET ADDRESS) FOR MOST OF WORKING LIFE) HSWE	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
ANY D ANY D AND 3 AND 3 AND 3 ECORE	13a.	UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDISSION) ISTATE VIA 1 136 CONNY / / 136 CITY OR TOWN 134 INSIDE (ITY LIMITS) 134 STREET ADDRESS	Leive PADITO
	14. F	FATHER'S NAME 15, MOTHER'S MAIDEN NAME	
EATH PESTH PMD 24		JOHN ZECH ROSA OSTROU	15K 1 LAST
MORE, FTER DE F PAGES S 1 AN	160.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	21(1
SGHZA		NO 213078472 THELMIN BAUERNEEINS	
5 80 F	13	18. CAUSE OF DEATH (Enter only one couse per line for (a) 1b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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		(c)	
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L EXAMINER L EXAMINER COULD BE FO OULD BE FO H. WITH THE MARYLAND, 3		27a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	in my apinian
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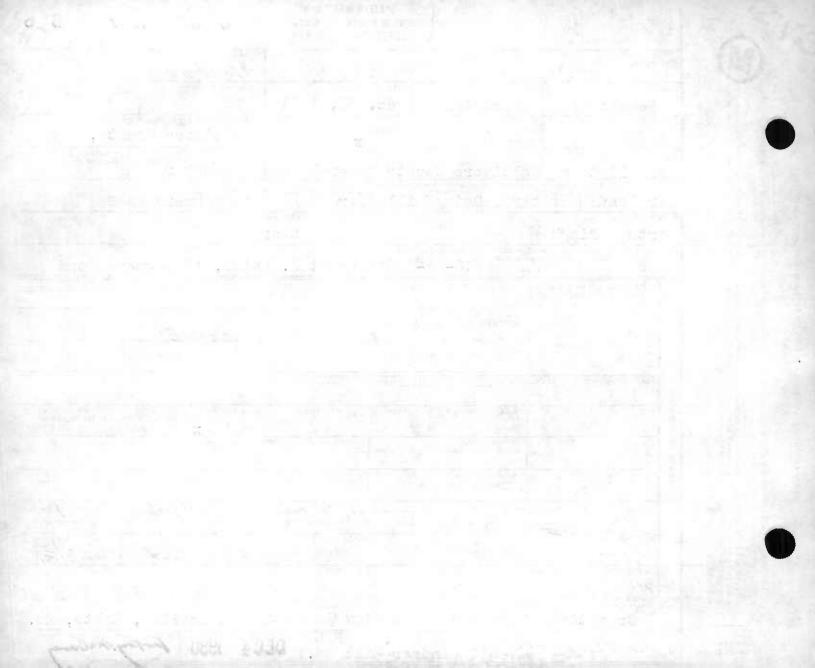
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DHMH-16 25M (VRA 15, 4) 1/79	24/4	INERAL DIRECTOR	Thoma West	s D. Flet East Main minster,	cher a	Son F.H.250 DATE NO	REC'D. BY REGISTRAR 201980	25b. REGISTRA	R'S SIGNATURE	1									

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH DECEASED-NAME Lost 2b. HOUR (Type or print) BABY Month GIRL BAIR 6. AGE (In years SE LINDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH lost birthdoy) DAYS MONTHS HOURS MIN 11-3-80 < 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED THE NEVER MARRIED USA WIDOWED [DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital IO CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR BALTIMORE give street oddress)

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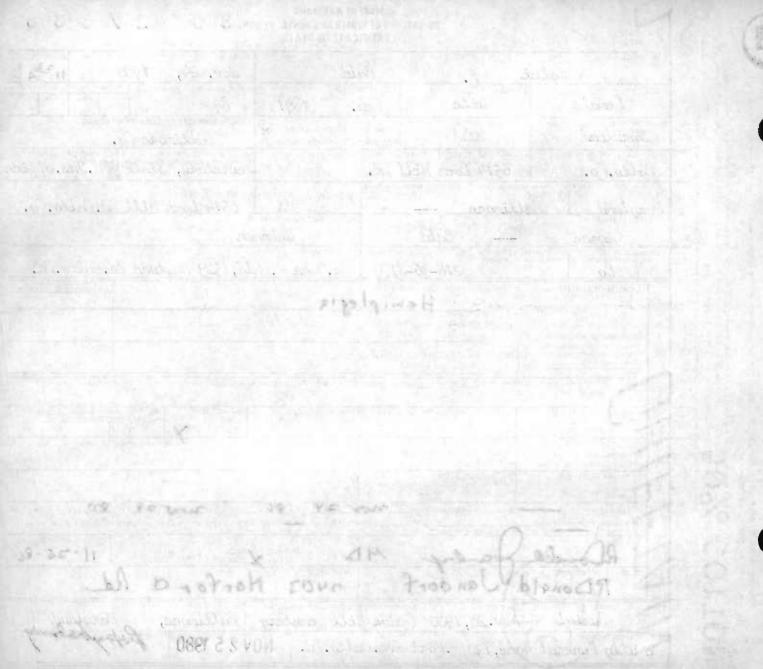
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Guestreet oddress) during most of working life, even if retired.) INDUSTRY 13e. STREET AND NUMBER. 13d. INSIDE CITY LIMITS? 13b COUNTY YES NO T 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME First Middle BAIR 1 SANDRA 16h. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (If yes give war ar dates of service) (Yes, ng, or unknown) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) BIRTH ASPHYXIA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse please DIVISION OF VITAL RECORDS, 301 W. requires that PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) BREECH DELIVERY, ASSOND FILAMENTOUS INSERTION OF CORD TO PLACENTA 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO YES M NO [21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 1/3, 19,50, ta 1/-3, 19,50, that (I) (we) last saw the deceased alive an 1/-3 19,80, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED.
DIRECTOR STAFF PHYS. DEGREE PHYS 7620 York Road, Towson, Md. 21204 22d. PHYSICIAN'S POKU NAME (Type) TO FUNERAL should be 23c. NAME OF CEMETERY OR CREMATORY Parkwood 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, Nov. 3, 1980 (State) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR DHMH - 16 3/72 25M 6 1980 (VR A15 (4))

Alexa A Racent NOV 8 1980 A CALLERYON

M	1	0	1 -	FOR STATE REGISTRAR		DEPARTMENT OF	HEALTH AND MENTAL H' FICATE OF DEATH	YGIENE 8	O REG. NO	2	7 3	8	8
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MARYLAND led within 24	completely 1 and 2 sh	30	14 FA	THER'S NAME SERST GEORGE	widdle Ba	ild	15 MOTHER'S MAIDEN N	nown	MIDDLE		ı	LAST	
BALTIMORE,	Pages 1			VAS DECEASED EVER IN U.S. AR (IF YES, GIVE	WAR OR DATES)	1-36-8170	Mr. John W.	Bald, 152	3 Day		Rd. Bal	to.M	d.
T., BALT	physicio npopers. movol.	, 110		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line far (c D BY 'E CAUSE (o)	ol, (b), and (c)	legia				BETWEE	OXIMATE INT N ONSET AN	ERVAL ND DEATH
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AL OR AL	AL DIRECTOCHED			226. SIGNATURE	and a	e M	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFI	F IAN []		TE SIGNET	
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10.5	P Or start		23e. B	OURIAL, CREMATION, REMOVAL Burial	236. DATE Nov. 28, 198		CEMETERY OR CREMATOR Hill (emeter	C) CITY/OR	TION TOWN	2,	COUNTY	land"	STATE.
	- 16 50M 7/77 R A 15 (4))		24 FL	ineral director Cilly Funeral	Home, 130 E.F	oott Ave.	Balto. Md. 250. R	101251	9808	25b. RE	Aprila	CB-RPS-	7



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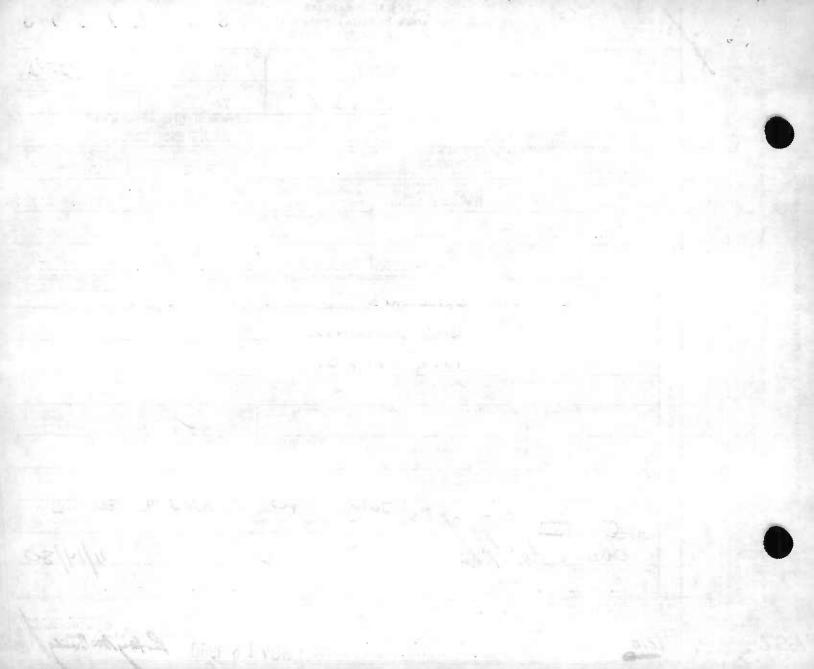
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TO HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af retained by the hospital or attending physician.

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	1	FOR STATE REGISTRAR			DEPARTI	CERTIF	ICATE OF DEATH	REG. NO		1 3	9 4
		CEASED NAME	IRS†	N	HODLE		AST	28 DATE OF DEATH			2b. HOUR
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90	3 SI			RACE		5 DATE C		& AGE IN YEARS LAST BIRT	HDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
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Can S	76. 8	IRTHPLACE ISTATE OR FOREI	GN 7h	CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	DE NEVER MARRIED DI	Baltimore Cityo			MD
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ng physicia on papers. removal.		18 CAUSE OF DEATH II PART I. DEATH WAS		ane cause per BY M CAUSE (a)	line for (a), (b), on letastati	c Ova:	rian Carcinoma	a		BETWEEN (MATE INTERVAL ONSET AND DEATH
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DHMH-16 25M (VRA 15, 4) 1/79	24 F	NAME James	F. Sc	carpell	i ^Ctimb	erland	d, Md.	DE C. 1 198	256. REGISTES	R'S SIGNAT	ka Credy

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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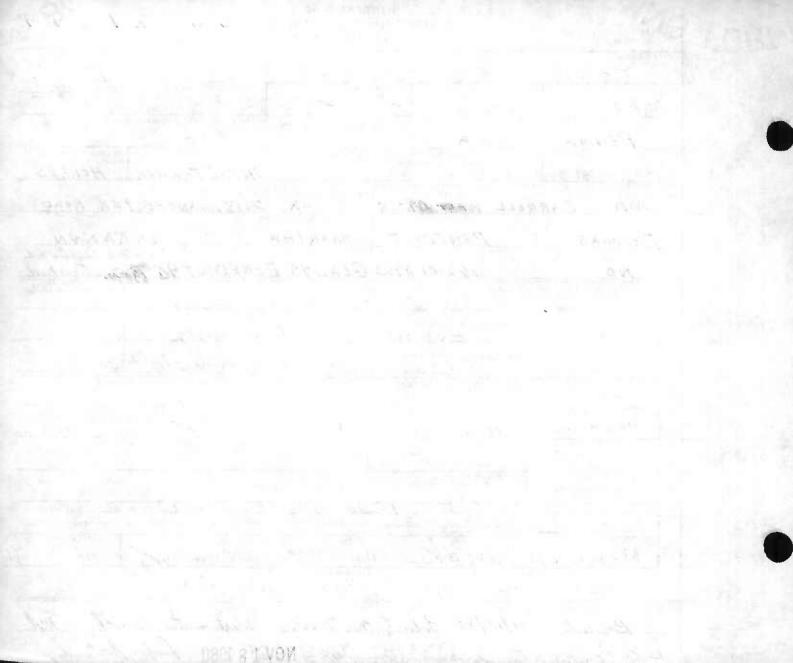
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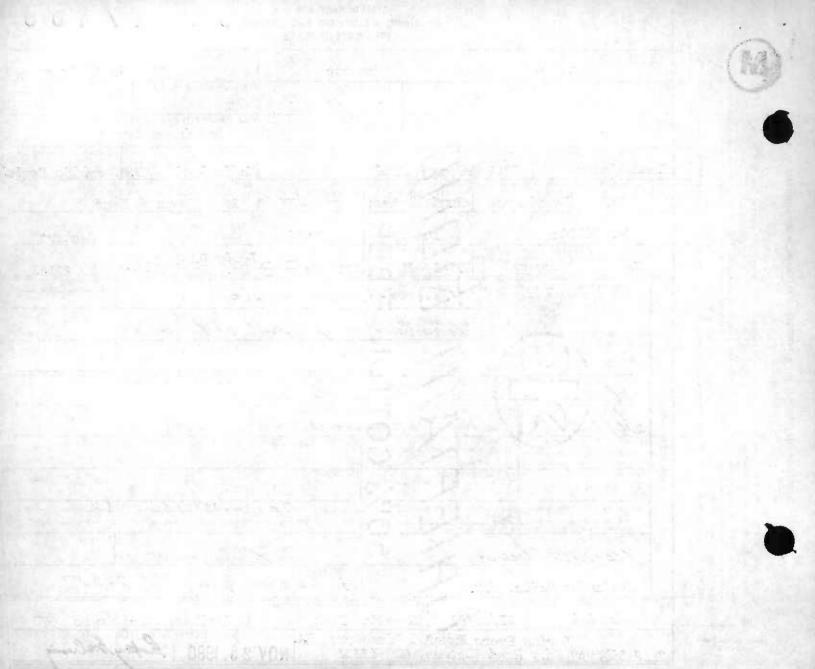
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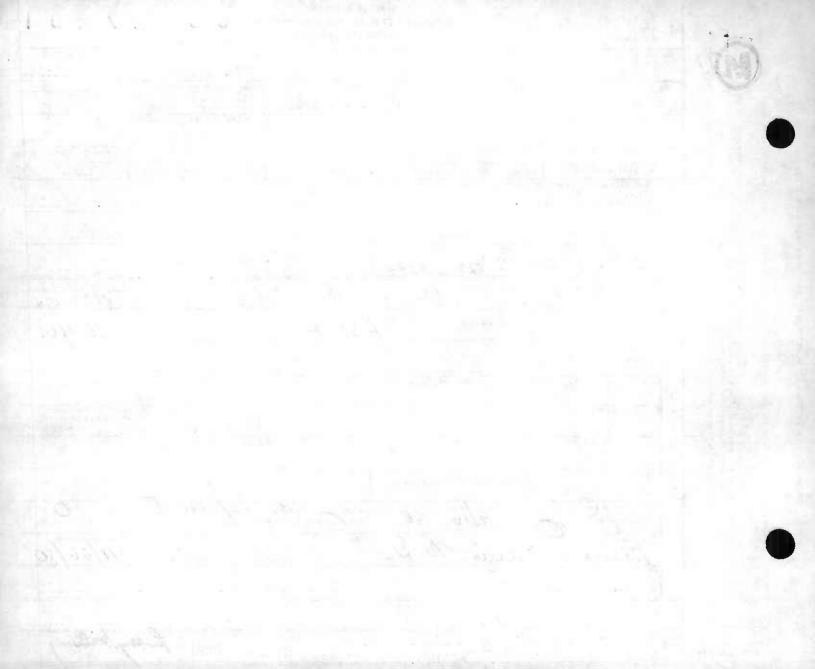
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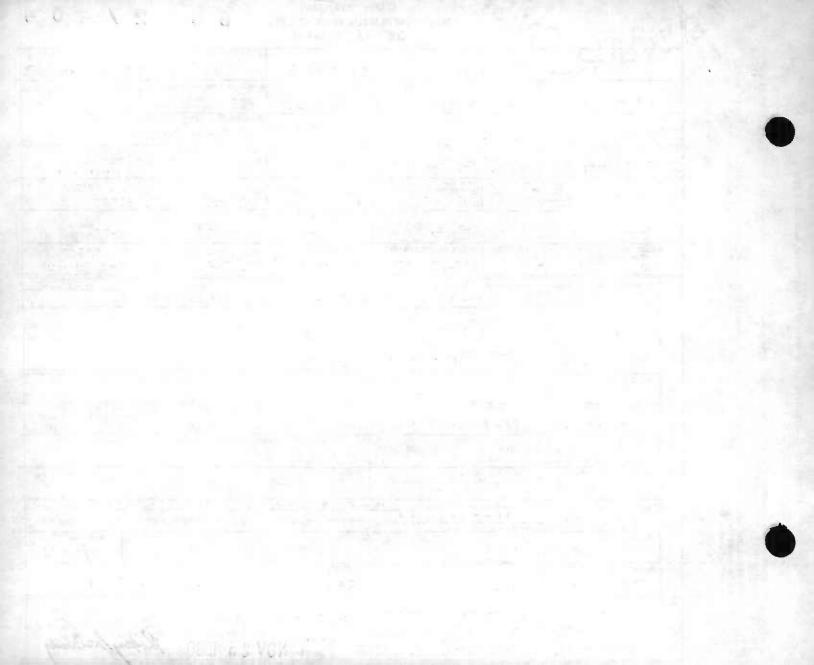


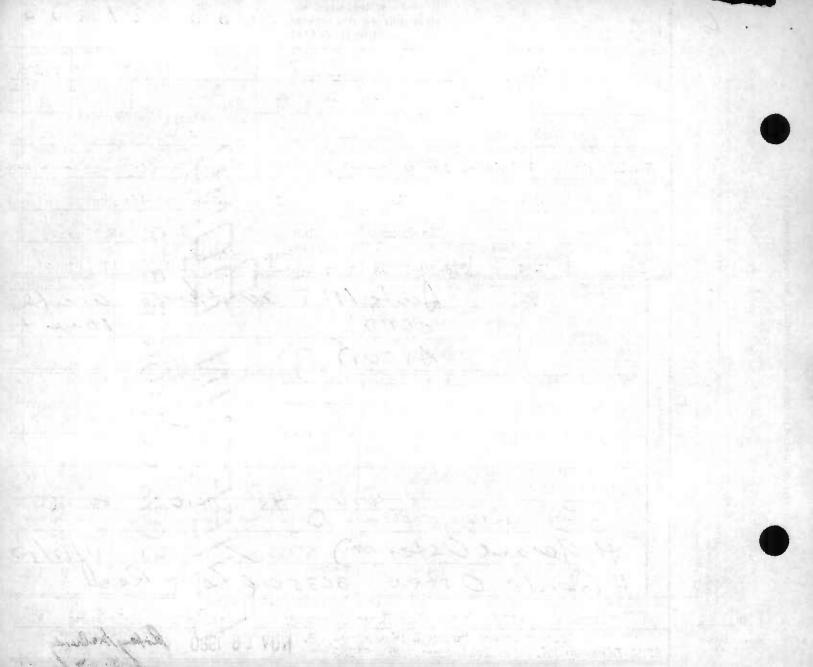
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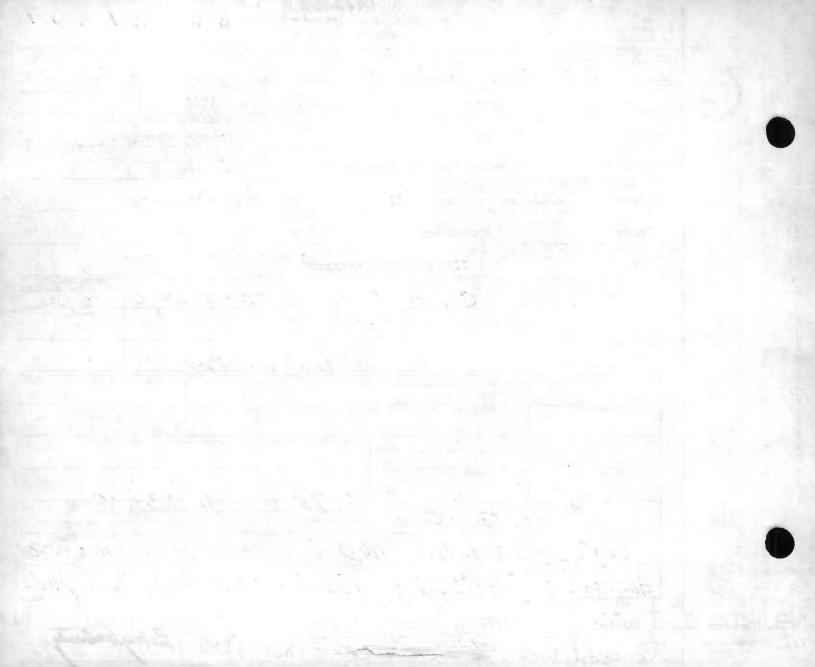




STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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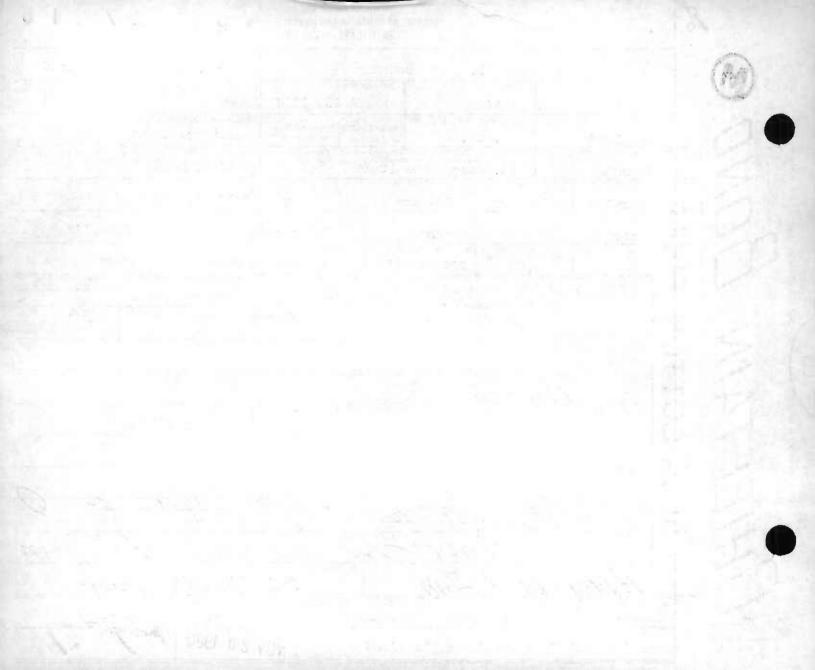
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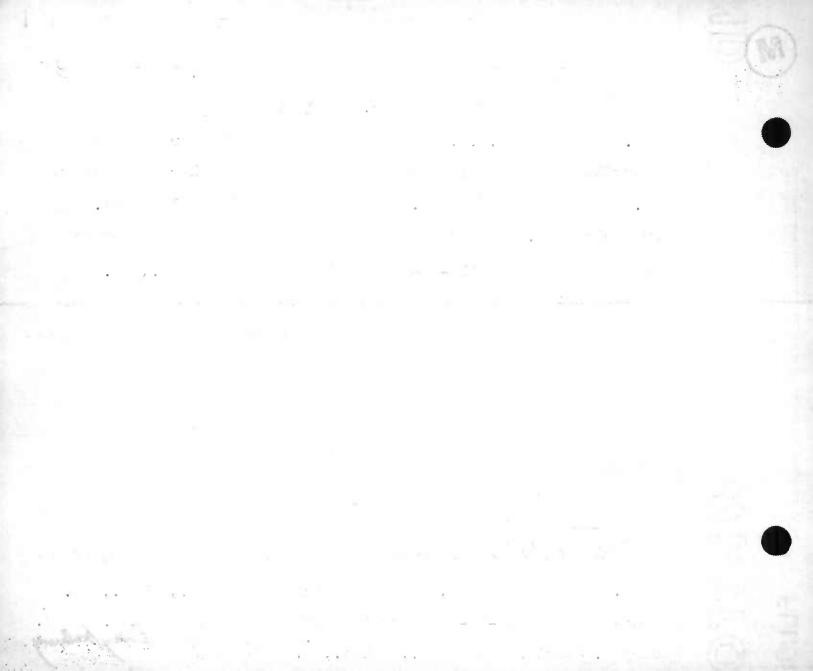
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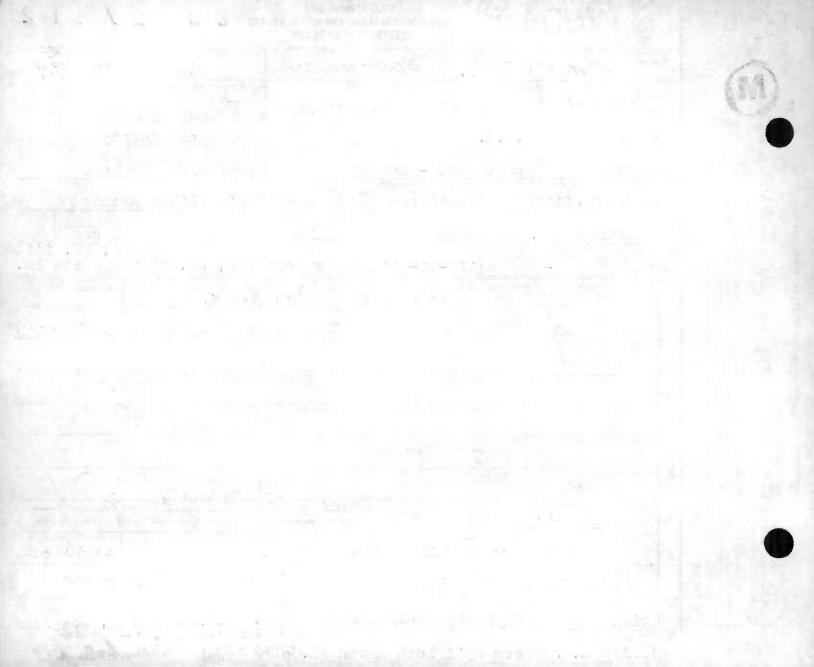
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2e. DATE OF DEATH MONTH DAY 26 HOUR (TYPE OR PRINT) raate BONTHRON 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS. 3 SEX RACE 5 DATE OF BIRTH IF UNDER 1 YEAR MONTH DAY YEAR ZB Je BIRTHPLACE (STATE OR FOREIGN LOUNTRY? BALTIMÓRE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. Maryland Baltimore County WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWife INDUSTRY Towson Towson Manor Care Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 136 COUNTY Baltimore 4802 Walther Avenue 13d. INSIDE CITY LIMITS? Maryland IS. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE Edward Ellen В. Lyons Egan ADDRESS Towson, Md. I 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-01-4226Andrew Bonthron, Jr. 1107 Ryegate Rd. No CAUSE OF DEATH (Enter only one couse per line for (a), (b) fond (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21d INJURY OCCURRED 21s PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220 I certify that (I) (This hospital) ottended the deceased from saw the deceased aliver and that in (Ay) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) twell did (did not) view the bady after death 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF IMPORTANT: PHYSICIAN X DIRECTOR | PHYSICIAN | TO FUNERA should be det with the Stat 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 23h. DATE Holy Redeemer Cem Burial Baltimore City. 24 FUNERAL DIRECTOR DHMH-16 25M William E. Johnson 8521 Loch Raven Bl. NOV 2 (VRA 15, 4) 1/79



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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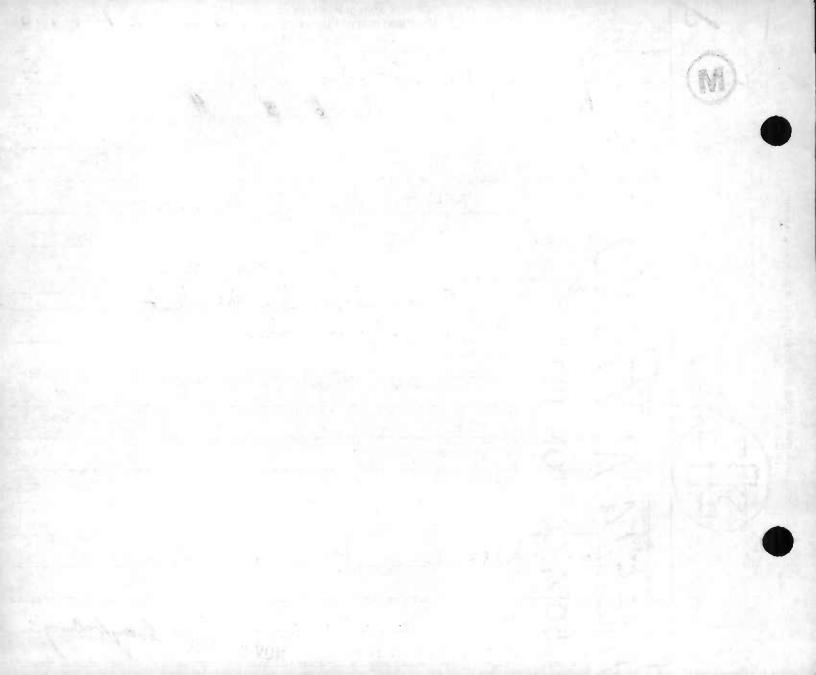
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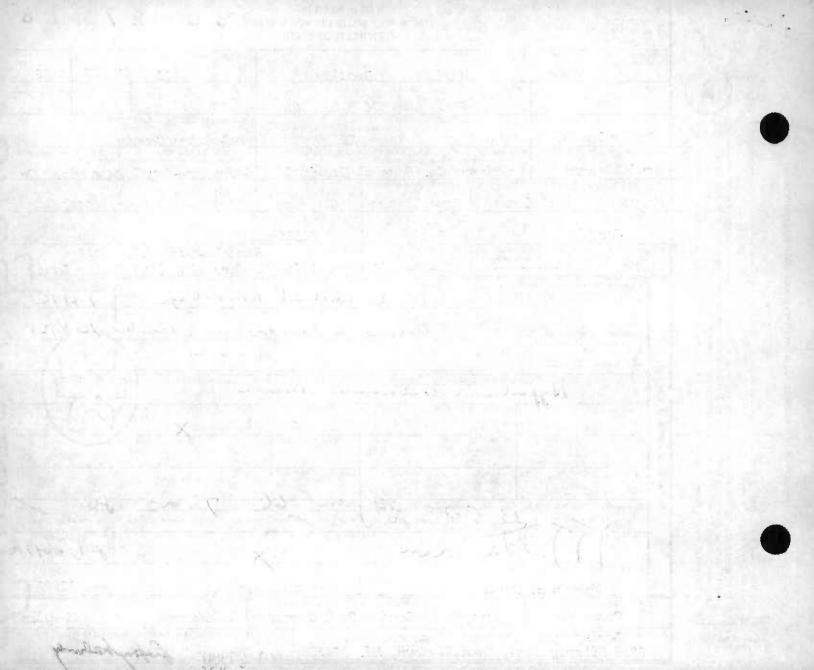
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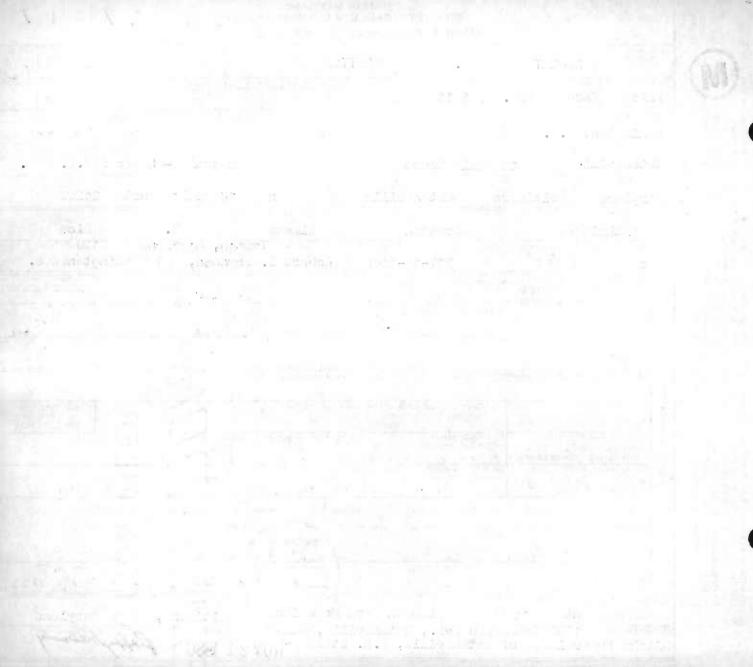
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IMORE,	(VAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE WAI NO	OR OATES)	24-0418	17 INFORMANT Margaret Spi	ADDRE icer 1712 L	akeside Avenue
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALT NG PHYSICIAN: The low requires that the death certificate is obtending physician. After this certificate has been signed by the ottending physicia os the buriol-transit permit. Then please remove corbanpapers th and Membel Hygiene prior to buriol, cremotion, or removal, orked or teem 18 shows any injury, or other traumatic event, the		18 CAUSE OF DEATH lEnter only on PART I DEATH WAS CAUSED BY IMMEDIATE COnditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost	AUSE (o)	NSEQUENCE OF	lvasula tho coh	n accid	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ITAL RECORDS, 20 : The low requires to signed mait permit. Then ple tygiene prior to burior shows only injury, on	CERTIFICATION	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTION			20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{VES} \(\text{VES} \)
ON OF VITAL RI HYSICIAN: The le ding physicion. is certificate has buriol-trosst per Mental Hygiene or Item 18 shows	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MON P.M.	TH DAY YEAR	21t. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
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TTENDI TTOR: A for use of Heol		220.1 certify that (I) (this hospital) sow the deceased alive an above, (I) (we) (did) (did not) viii		19, or		. to death occurred on the do	, 19, that (I) (we) lost one and hour and from the causes stated
by the by the ERAL e detector Store		226. SIGNATURE LEW COL 226. PHY SICIAN'S NAME (TYPE OR PRIV	(HBrl		DEGREE ATTENDING PHYSICIAN [220 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	22c. DATE SIGNED
Bb————————————————————————————————————	23a. (SPECIEVY	3b. DATE 11/22/80		EMETERY OR CREMATORY MEM. PK.	23d. LOCATION CITY OF TOWN Laurel	O to be Carely.
DHMH - 16 50M 1/76 (VR A 15 (4))		uneral director ILLIAM C. MARCH F	/H INC. 1	O1 E. No	rth Ave NO	V 21 1980	251 ASTERNATURE





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ROBERT W. BRATTON DEATH MATED 19 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS DATE 69 191 TAR PRONOUNCED 3, Male Cauc Aug. DEAD YRS 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Washington, D.C. USA WIDOWED X DIVORCED 3. RETAIN PAGE 5 SHOULD BE FILED, V ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE ed. 5. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Catonsville 10 Arkla Court Leeds USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE Catonsville 136. COUNTY 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS Court 21228 Baltimore Maryland NOX FORM PM 3. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Dice MIDDLE FIRST Almena Bartholomew Bratton WITH FORM 17. INFORMANT TOWSON . Maryabarts 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 21204 DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-14-1685 Robert J. Brannan. 401 Washington Ave. WW 2 yes 18. CAUSE OF DEATH (Enter only one cause per line to (a), (b), gad (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH USED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DIVISION OF VITAL RECORDS, 301 W. PRESTON DUETO, OR AS A CONSEQUENCE OF OR REMOVAL Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART T IO CERTIFICATION 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? O. BURIAL 3 SHOULD BE L YES NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR UNDERLYING DOR 0 CONTRIBUTING CAUSE OF DEATH 19 50 PRIOR 21e. PLACE OF INJURY (AT HOME. 211. LOCATION CERTIFICATE, WRITE 21d. INJURY OCCURRED STREET, FACTORY FARM, ETC.) COUNTY NOT WHILE AT WORK AT WORK TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 21 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion death resulted from Accident Hamicide Undetermined monner Natural causes TITLE (SPECIFY SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME 230 BURIAL, CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Entombment Baltimore, Loudon Park Mausoleum 11/22/80 Maryland 24. FUNERAL DIRECTOR 1630 Edmondson Ave., Catonsville, Md 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH** - 17 Witzke FuneralHome of Catonsville, P.A. 21228 (VR A15 ME (5)) 30M 7/73



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Balto., Md.

(VRA 15, 4)

Mitchell-Wiedefeld Home, Inc.

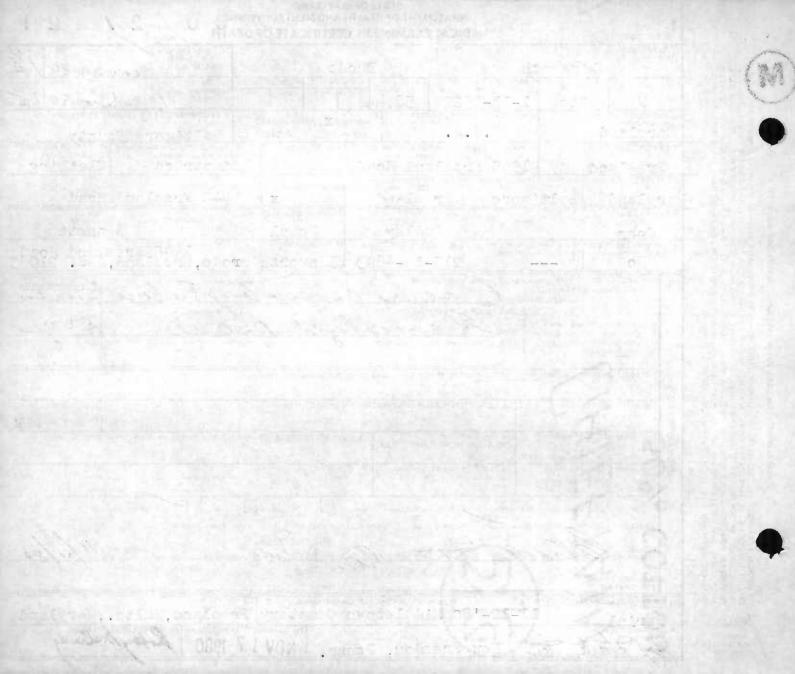
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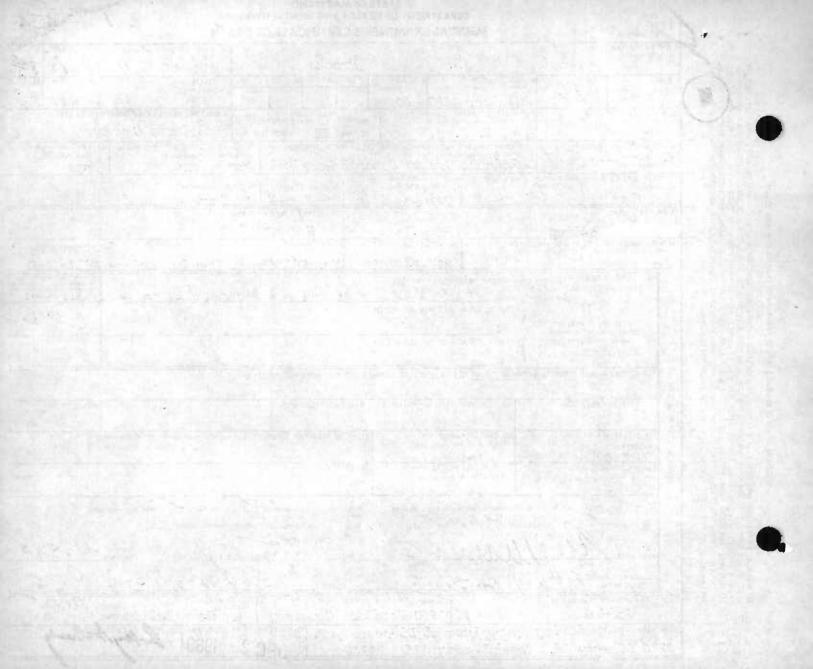
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DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN 26. HOUR (TYPE OR PRINT) OF Elizabeth Brode DEATH MATED be10980 3 SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR DAY YEAR LAST BIRTHDAY PRONOUNCED 1-11-1922 White DEAD Vernber 1019 80 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOR MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Maryland Baltimore County

AN OCCUPATION (TYPE OF WORK) 178. KIND OF BUSINESS WIDOWED [DIVORCED FILED, V ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE) Freeland Freeland Seamstress Clothing USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 136. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore 1945 Freeland Freeland Road arvland YES [NO TO AND 2 SHOP 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Pearl Bennett John Dudlev 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. DIVISION Freeland (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 215-16-4893 Ellsworth Brode. F reeland 18. CAUSE OF DEATH (Enter only one cause per lime farks), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF TO BURIAL, YES [] VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT CATE DEPARTMENT CON PRIOR TO BURIA BE 21g EXTERNAL CAUSE WAS 21b. TIME OF IN IURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OF TOWN STATE WHILE AT WORK COUNTY PAGE STATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram: Natural causes Homicide Undetermined manner TITLE (SPECIFY) SIGNED EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Free and, Balto., Maryland Middletown Cemetery BP Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) Freedom Penna 15M 7/77





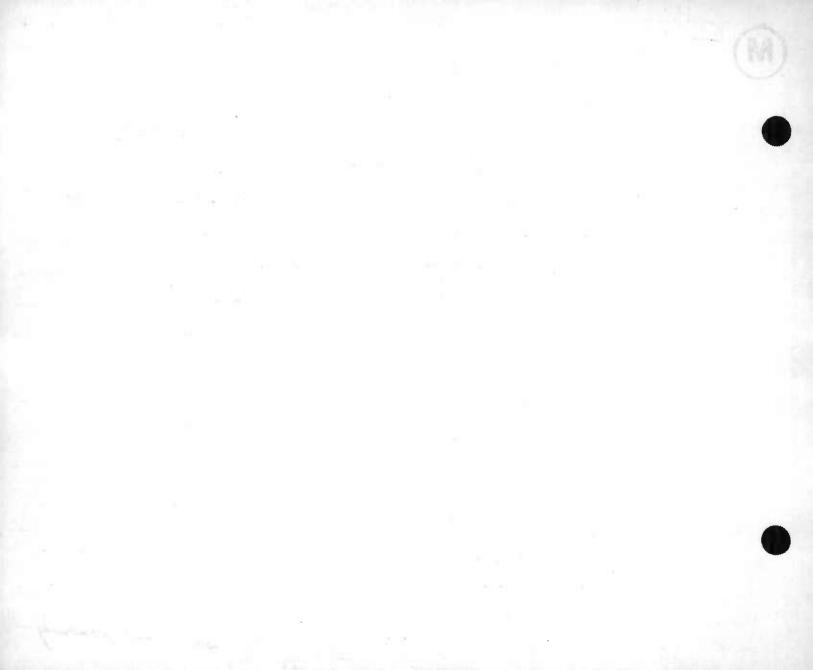
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	R ATTEN hospitol RECTOR. ned for us ppt. of He		sow the deceased alive on.		hour and from the causes stated
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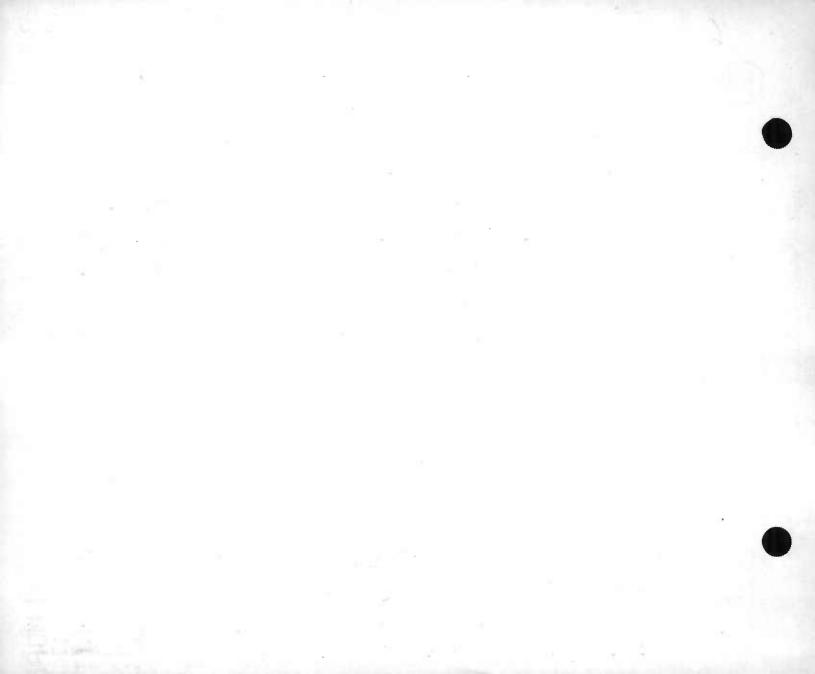
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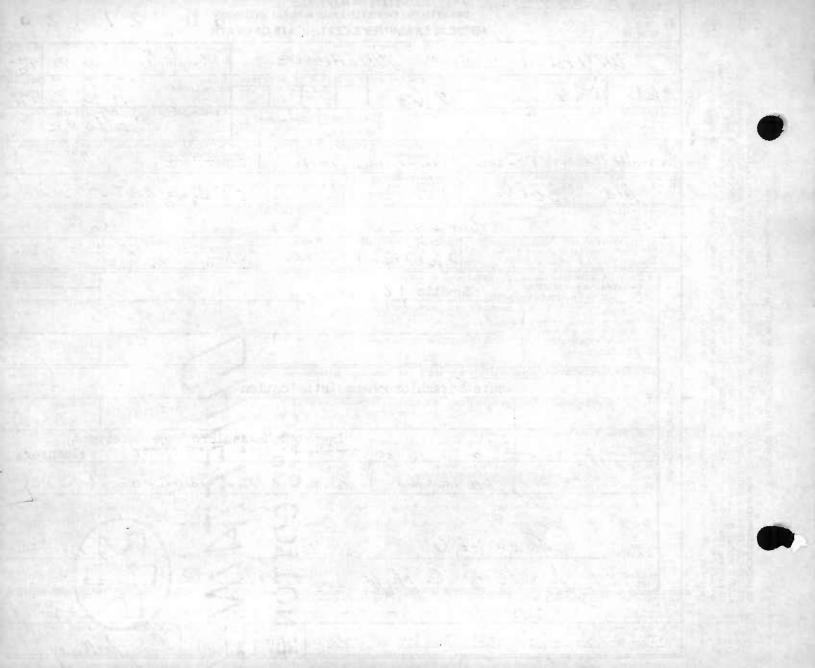
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1630 Edmondson Avenue





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medicol		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	17 NO. 17 INFORMANT 310 Mrs. Leslie	M. Burgemeist	er same
any injury, ar ather tra	CATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE CVA 196 CONDITION FOR WHICH CO	ATH BUT NOT RELATED TO THE TERM	20a. AUTOPSY? 20t	b. IF YES, WERE FINDINGS USED
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IMPORTANT: #		J. BERGMA	N, M.D.	22e ADDRESS GBMC -6701	N. CHARLES	ST.
2		BURIAL, CREMATION, REMOVA (SPECIFY) Burial		ME OF CEMETERY OR CREMATORY Arkwood	23d. LOCATION Baltimore	COUNTY Marylan
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3	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 / 4 5 0 CERTIFICATE OF DEATH REG. NO.
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IMORE.	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) NO	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESBALTIMORE, MD (21220) 233-16-1268 MRS. MARY LAWRENCE 2112 OLD OREMS RD.
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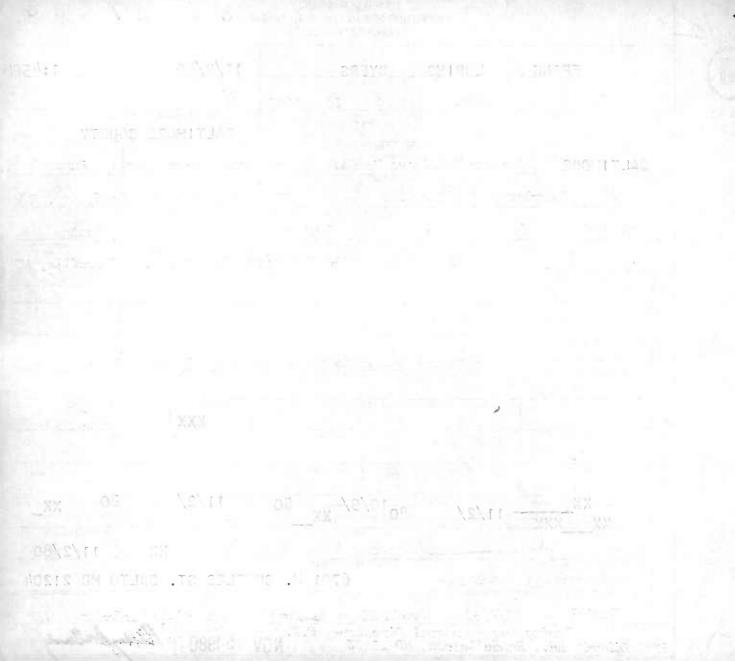
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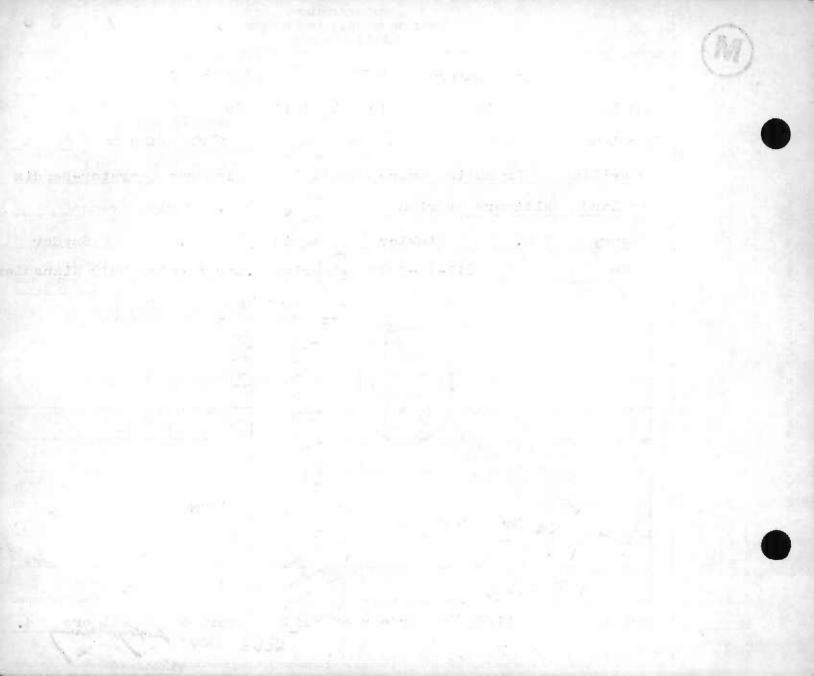
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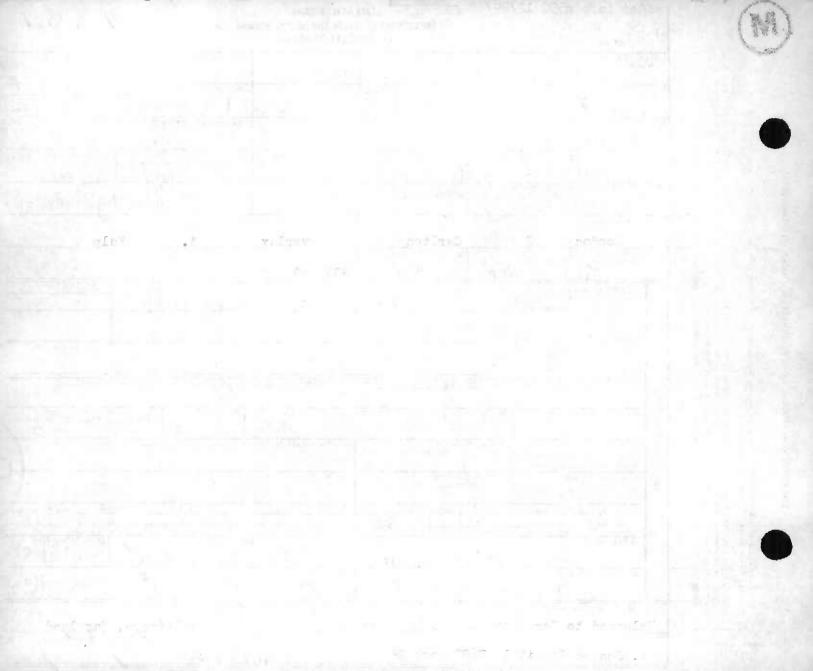
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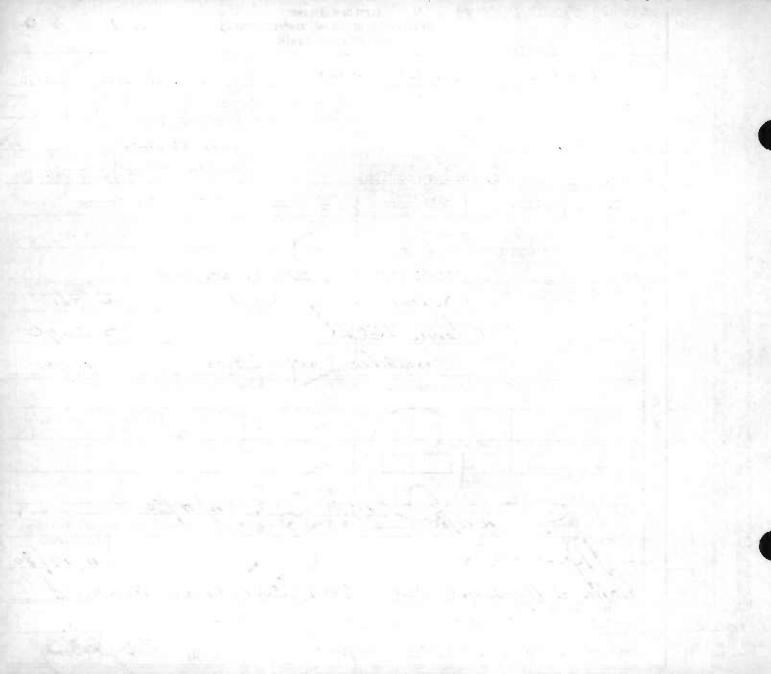
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(VR A 15 (4))	S	t. Joseph Hospi	tal 7620 Yor	k Rd	INV 1 4 1980	brokeding



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E. Lowell Lemmon, 10 W. Padonia Rd.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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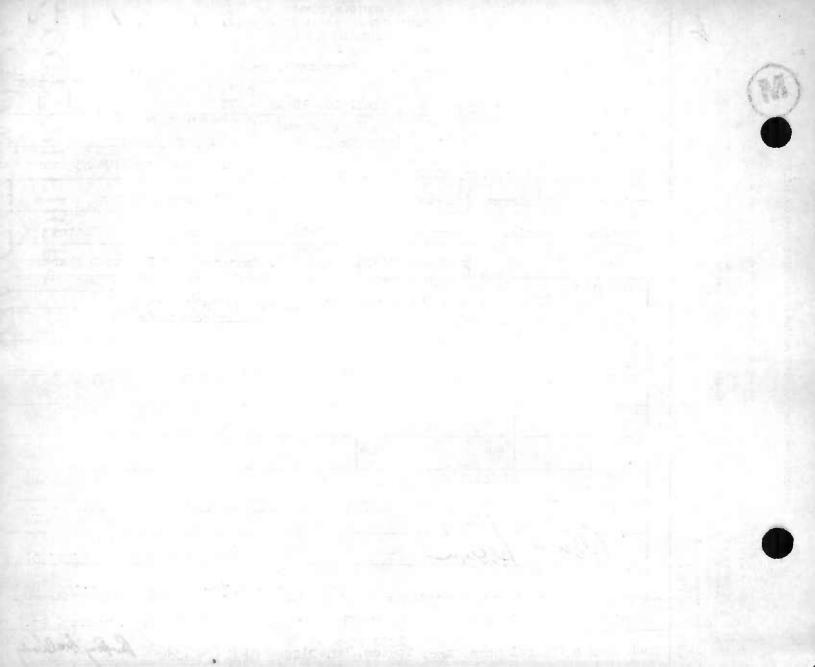
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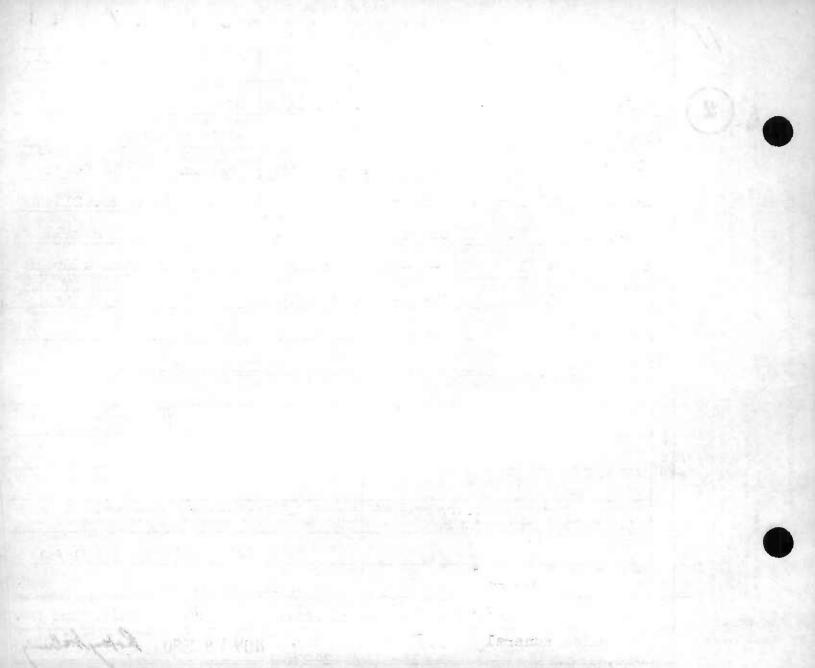
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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ge 4 may	rs ofter d	3 SE	MALE	4. RACE S. DATE OF BIRTH LAUCACION OR 19 (8 62 YRS	UNDER I YEAR IF UNDER 24 HRS
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AND 212	must be	13a S	TATE 136 COUP	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UTY	APT. 107 #2120
MARYL ed withir	ord 2 sh	14. F/	THER'S NAME JULIUS	15 MOTHER'S MAIDEN NAME	MILLER
IMORE,	Pages	16a. V	VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN) (1EYES CA YES WWII	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT MRS. ADELE DAD CHERRY	#21208
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бнмн-16 30/ (VRA 15,			6010 REISTERSTO	WN RD. BALTO., MD 21215 NOV 2 5 1980	mysalmy



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Itel Itel	-	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR			
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and	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) STREET	CITY OR TOWN	COUNTY	STATE
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f He 21		saw the deceased alive an N	ov. 22 19 0		death occurred on the date and ha		t OK (we
pt. q		abave, 10 (we) (did) (did ad) v	new the body after death.	DEGREE	The sale and he	226. DATE SIGN	
		ILL SIGNATURE	Man Juni	ATTENDING	MEDICAL STAFF		
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PORTAN	1	27d. PHYSICIAN'S NAME (TYPE OR PR	The same of the same of	220. ADDRESS			
MPORTANT:		Dr. Myo Than			lin Square Dr.,	21237	
3 =	23a	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
		BURIAN	11/30/80 E	RANCH CEM.	STOKES	N.C.	
	24 F	UNERAL DIRECTOR	ADDRESS	25a. DA	TE REC'D. BY REGISTRAR 256. REGIS	RAR'S SIGNATURE	14.
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(VRA 15, 4) 1/79

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 20 DATE OF DEATH MONTH 2h HOUR COCHRAN NOV. 5. 1980 5. DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HP MONTHS DAYS HOURS 1919 61 **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED KINEVER MARRIED BALTIMORE COUNTY DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY SECRETARY INSURANCE 13. STREET ADDRESS 13d INSIDE CITY LIMITS? 203 BRANDON RD. YES [NOXX 15. MOTHER'S MAIDEN NAME EmS1 MIDDLE LAST FANNIE MAE HAFER ADDRESS 17 INFORMANT 203 BRANDON RD. 21204 JAMES R. COCHRAN APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINGT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [YES [216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21f LOCATION STREET CITY OR TOWN COUNTY STATE (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN STATE COUNTY ST. JOHNS HYDES BALTIMORE 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE MITCHELL-WIDDEFELD HOME 6500 YORK RD. 21212

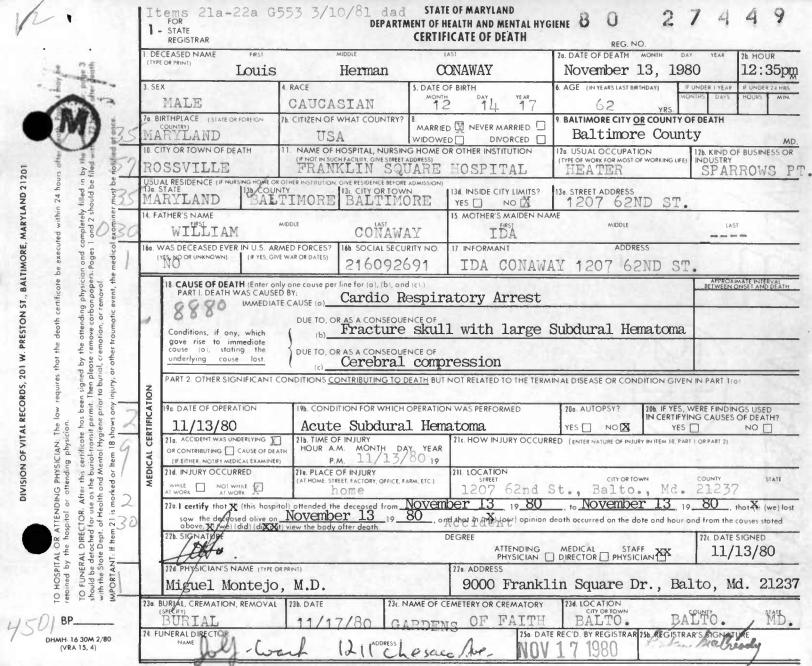
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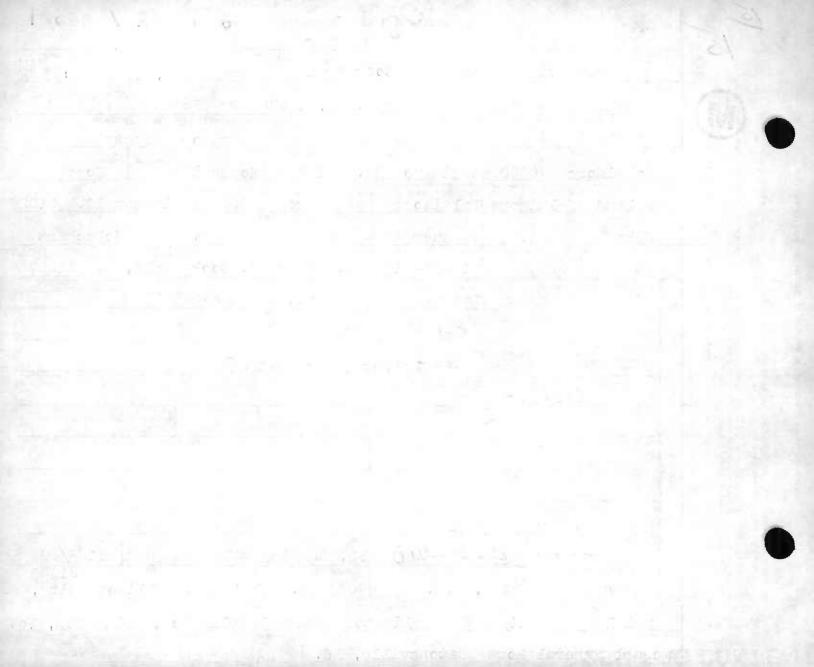
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STATE OF MARYLAND

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12	1 -	FOR STATE REGISTRAR		DEPARTI	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 U 2	7 4 5 2
M St	1. DEG	CEASED NAME FIRST DOTOTAL	ıy	E .		orbin	20. DATE OF DEATH MONTH	29 80 7:20a _{AA}
Page 4 may	3. SEX	Female	4 RACE W	hite	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY) 83	IF UNDER 1 YEAR IF UNDER 24 HRS
# 10 Z 20 2	70 BI	RTHPLACE (STATE OR FOREIGN DUNTRY) Pennsylvania		WHAT COUNTRY?	MARRIED NEVER MARRIED (WIDOWED A DIVORCED (Baltimore City Or COU	NTY OF DEATH
by the fone filed within	10 CI	TY OR TOWN OF DEATH Catonsville	LIE NOT IN SI	HOSPITAL, NURSING HACILITY, GIVE STREET SISTERS	IG HOME (OR OTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Housewife	125 KIND OF BUSINESS OR
filled in ould be t		AL RESIDENCE (IF NURSING HOME TATE 13b CO Tryland Ba	or other institution unity ltimore	134 CITY OR TOW Parkvill	E ADMISSION)	130 INSIDE CITY LIMITS? YES NO 3	13e SIREET ADDRESS 2611 Putty Hi	11 Road
ed within mpletely and 2 sh	14 FA	THER'S NAME FIRST John	MIDDLE	Swartz		15 MOTHER'S MAIDEN NA REBECCA	ME	Crouse
BALLIMOKE, MAKYLAND 21201 cote be executed within 24 hours of spicion and completely filled in by apers. Pages 1 and 2 should be filled wol. it, the medical examiner must be not, the medical examiner must be not.	16a W	/AS DECEASED EVER IN U.S. A es, no or unknown) (IF YES, G	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 213-82-		17. INFORMANT Sr. Austin	ADDRESS 601 Maiden Cho	ice Lane
201 W. PRESTON ST., es that the death certifie ned by the attending ph please remove carbanp urial, cremation, or remo v, or ather traumatic ever		Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause last	DUE TO, C	DR AS A CONSEQUI DR AS A CONSEQUI B CLCV	ENCE OF SCA	advance	The - moss, The distribution atte	evo
iw requirements. The prior to any injury	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
SION OF VITAL RE PHYSICIAN: The Ic anding physicion. This certificate has the burial-transit per ad Mental Hygiene. The control of the contro		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E {IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A	DFINJURY M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
MVISION C AG PHYSIC other ding ther this cei is the buric he and Men	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE ATWORK	21e PLACE (AT HOME, S	OF INJURY IREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
or ATTENDI by hospital or DIRECTOR: A ched for use head for use Pept. of Heal		22a. 1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did) 22b. SIGNATURE	9.2	ef. 19 t	D:	DEGREE	MEDICAL STAFF	, 19 that (I) (we) last haur and from the causes stated 22c. DATE SIGNED
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State [IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE STANLEY		188S		22e ADDRESS	den Clevie	Love Boolisezy
A F 2 Z	23a. B	URIAL, CREMATION, REMOVA	L 23b. DATE	23 c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		BURIAL UNERAL DIRECTOR	12-0	L-80]	ORRA:	NE PARK	E REC'D. BY REGISTRAR 256, RE	ALTIMORE MD
(VR A 15 (4))	HU	BBARD FUNERAL	HOME, IN			DE	C1 1980 /	March San Company



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		REGISTRAR CEASED NAME	FIRST				AEK 3	PAST -			DATE KN	REG. NO	MONTH	DAY	EAR 2	b. HOUR
1	TYP	OR PRINT)	DOROTH	orothy Y MARI	1419	arie	CO	REY	corey			ESTI-	11	1219	0.	2330
ı	3 SEX		RACE	5. DATE OF BIRT	H	6. AGE (IN Y	ARS IF U		IF UNDER	24 HRS. 2c	DATE		MONTH	DAY		2d HOUR
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r		RTHPLACE (STA	ATE OR	76. CITIZEN OF			18	RIED IN NE	VER MARR	IED 9.	BALTIMO	RE CITY O	R COUNT	Y OF DEAT		- //
ı	Pe	nnsylv	rania	U.S.			WIDO	WED	DIVORC		Balti	imore	e Co	unty		MD.
1	10 CI	TY OR TOWN C	OF DEATH	11. NAME OF H		JRSING HOM	E, OR OT	HER INSTITU	TION	FOR MO	LOCCUPAT	G LIFE)	OF WORK	126 KIND O	OF BUSI	INESS
		ndalk		2756 I	Plain	field	Roa	d		Hou	sewii	î e				
	13a. S		136 COUN Balt		13c. CIT	e BEFORE ADMISS Y OR TOWN ndalk	ION)	13d INSIDE C	ITY LIMITS?	136. STREE	ADDRESS Pla	infi	ield	Roa	i	
1		THER'S NAME		MIDDLE		LAST		15. MOTHE	ER'S MAIDE		MIDD			LAST		
J)	Andrew			Ma	alaril	2	Ann	1					Pris		
1	160. V	AS DECEASED	EVER IN U.S. ARA	MED FORCES?	16b. SO	CIAL SECURI	Y NO.	17. INFORA	TUAN		2756	DDPS	ainf	ield	Ro	ad
		No				-12-2	011	John	n Con	rey.	Bal.	timo:	re,	Md.	212	22
I		18 CAUSE OF	DEATH (Enter and	y ane cause per l	(1)		1	1.	0 1					BETWEEN	ONSET A	ND DEATH
		1.0	IMMEDIAT		Teule	myde	andi	al in	janc	rom						
		410	0	DUE TO,	OR AS A CO	NSEQUENCE	OF		0							
7			s, if any, which	(1)												
9			ta immediate	(b)	OR AS A COL	NSEQUENCE	OF				-					-
		lying caus		100010,	OK A5 A CO	43E GOEIACE	Or							100		
ı		PART 7 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT BEI	ATEO TO THE TEN	AINAL BICEA	CE CONCENS OF TO	N CIVITAL IN DA	AV 1						
1	N				THE BOT NOT REE	ALEO TO THE TER	KINAL DIJEA	SE OR COMULITOR	N GITEN IN FA	KIIIG.						
	ATI	19a DATE OF	OPERATION	196 CON	DITION FOR	WHICH OPE	RATION	VAS PERFOR	MED?					20 AUTO	PSY?	
	CERTIFICATION													YES		NO.N
	CER	210 EXTERNAL			OF INJURY	DAY YEA		OW INJURY	OCCURRE	D (ENTER NAT	URE OF INJURY	Y IN ITEM 18 P	ART 1 OR PA	RT 2)		-
		UNDERLYING CONTRIBUTIN	G CAUSE OF D		.m. MONTH	19										
١	MEDICAL	21d. INJURY O			E OF INJURY	(AT HOME,		OCATION STREET					-			
	¥	WHILE AT WORK	NOT WHILE AT WORK	3 SIREEL, P	ACTORT, PARM,	EIC.J		SIREEI			ITY OR TOWN		COL	YŢML		STATE
l		770 5000.65	that I taak charg	e of the remains	described abo	ave held ca	Autai	nev 🗍	Inspectia	X	laculus D	1	d in my			
l		death resulter					ricide _	1		/	Inquiry		d in my ap	inian		
		degin resulter	a nom: Ngior	al causes	Accident	L, 30	nciae L_	J, Hamio		Undeferr	nined mann	ner,		1	i	
J		ACTUAL	.T. Cro	san O'	Gnara	in		TITLE (S	out	e .			DATE	11/1	3/8	67
1		SIGNATURE_	-		A . A		^	A.D.	4	MEDICA	AL EXAMIN	ER	SIGNE	D		
1		EXAMINER'S N (TYPE OR PRIN	JAME J. CI	rossan	9,5) ono va	ne	_ADDRESS_	2112	Dunc	lalk H	ve. 1	Ballo	. Md	. 21	222
	23a.BI	JRIAL, CREMAT	ION, REMOVAL 2			NAME OF CE			ORY	23d. LOCA	ATION		COUN	NTY	STAT	E
I		Buria	1 1	1/17/1	980Un	ity C	eme-	terv		Unit	v To	wnsh	in			ina.
	24 FL	NERAL DIRECT	Duda-R	luck, J.	nc.				25a. DATE F	REC'D. BY RE	GISTRAR	25b F 41 1	ULAR'S S	A UNE	, dy	
		922 W	ise Ave	nue D	undal	k, Md	. 2	1222	NO	V14	1980		1			
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IMPORTANT: If Hem 21 is marked ar Item 18 shows any

24 FUNERAL DIRECTOR

Tully Funeral Home, 130 E. Fort Ave. Balto. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DECT

		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 7 4									
	1 -	STATE REGISTRAR				FICATE OF DEATH	REG. I	٧٥.				
		CEASED NAME FIRST		WIDDLE	-	LAST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR	Į.	
			RTLE	Μ.	CRIS	PENS	NOVEMBER	29,	1980	4:5	5 AM	
	3. SE)	X	4. RACE			OF BIRTH	6. AGE (IN YEARS LAST B		FUNDER I YEAR	IF UNDER 2	MIN.	
		<i>t</i> emale		ite	Jul	y 22,1899 TEAR	81	YRS.				
5		RTHPLACE ISTATE OF FOREIGN COUNTRY	USi	WHAT COUNTRY?	WIDOW		BALTIMORE CITY		UNTY,	MD.	MD.	
3	TO	TY OR TOWN OF DEATH	SAINT	JOSEPH 1	S HO	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF MORK FOR MOST OF WORKING LIFE) INDUSTRY (TOUS EWELL)					
5	130. S	ALRESIDENCE (IF NUR DESCRIPTION OF THE COLOR	OF OTHER INSTITUTION LINITY	13c. CITY OR TOW	'N	136 INSIDE CITY LIMITS?	130 STREET ADDRESS 1284- 1430	(oving	nton St	.Bal	to.	
0	14. FA	THER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NA	AME		LAST		11200	
4	16n. W	VAS DECEASED EVER IN U.S.	ARMED FORCES?	Made	IRITY NO	Manie	ADD	-				
1			GIVE WAR OR DATES)	212-26-3		Mrs. Edna Sim	mons, 1284 L	Battery	Ave. Ba		-	
		Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause last.	(b) DUE TO, O	R AS A CONSEQUE	ENCE OF	schenter Can	Congruel	Der NOITION GIVE	M IN PART 1(0	ne		
	NO.	S	y tal	etes h	Mell	1						
	CERTIFICATION	19a. DATE OF OPERATION	1%. COND	MON FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206, IF YES, Y IN CERTIFYI YES	WERE FINDING ING CAUSES (GS USED OF DEATH NO []	1?	
1	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAM)	HOUR A	DF INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	URY IN ITEM 18 PAR	T 1 OR PART 2)	i,		
	MED	WHILE NOT WHILE AT WORK	A 21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR I	'OWN	COUNTY	ST	ATE	
		22a.1 certify that XI) X this ho saw the deceased alive above, A; (we) (did) (Aid			80 .	nd that in (my) (pur) apinion	death occurred on the	29, 19 date and hour c	ond from the c		, -	
		226. SIGNATURE	his-	Jerry 1	nur	ATTENDING PHYSICIAN [MEDICAL ST.	AFF ICIAN 🗌	22c. DATE S	29-8	10	
		Luke Terry M.				7620 York Re	oad Towson	Maryl	and 2	120և		
N	23e. B	BURIAL, CREMATION, REMOV	AL 23b. DATE		NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY		ATE	
	,	Burial	Dec.3,	1980 (e	dan h	lill (emetery	Baltimo	re. al	Marylan	rd.	21	

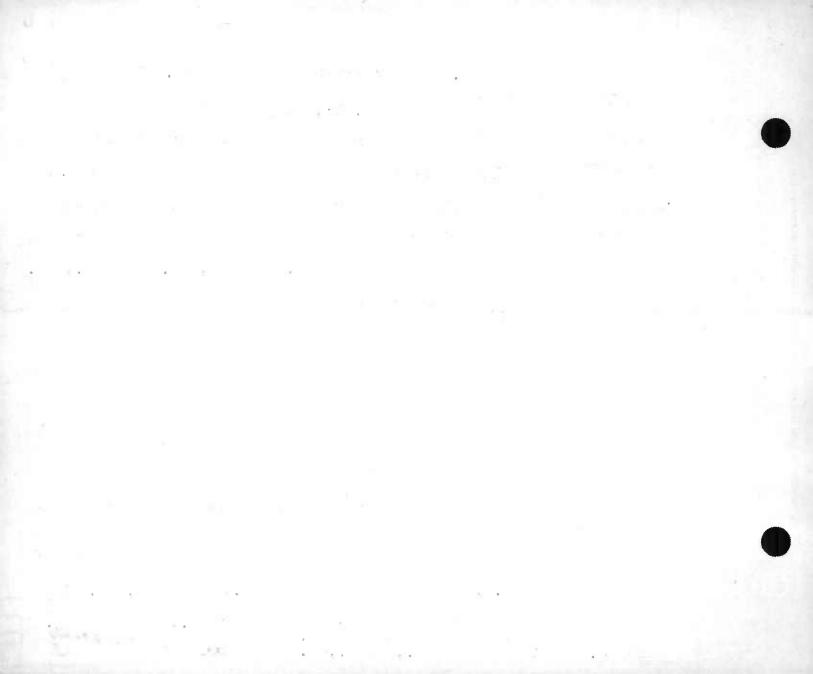
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Michigan , see the second

1 - STATE	STRAR		DEPARTMENT OF F				2 /	4 5
1. DECEASE			WIDDLE	LAST		20. DATE KNOWN	MONTH DA	Y YEAR
(TIPE OR PRI	RACHAE	L M. (GILLIAN	CROSS		OF ESTI-	Novembi	36.80
3 SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA		UNDER 24 HRS.	26. DATE	MONTH DA	Y YEAR
	EM WHITE		1928 52 YR		MIN	DEAD/1/60	emby 28	71980
FOREIGN C	ACE (STATE OR COUNTRY)	76 CITIZEN OF WH		8. MARRIED NEVE	The second secon	9. BALTIMORE CITY		PDEATH
	GLAND TOWN OF DEATH	ENGLAN	D PITAL, NURSING HOME		DIVORCED 113	BALTIN		CINID OF BUILD
TO	WSON	(IF NOT IN SUCH FAC	IC 6701 N	CHARLES	FOR	MOST OF WORKING LIFE) VER **TRAIN		CIND OF BUS OR INDUSTR ORSE
USUAL RESI	IDENCE (IF IN NURSING HOME O	ROTHER INSTITUTION, GIV TO	13c. CITY OR TOWN COCKEYSV	13d. INSIDE CITY	LIMITS? 13e. STR	EET ADDRESS		
14. FATHER			TCOCKETSA.		NO X 8		BLVD.	
FIR D	HTLTP	MIDDLE	CROSS	FIRS	RGARET	MIDDLE		STEE
Ida. WAS DE	ECEASED EVER IN U.S. ARA		166. SOCIAL SECURITY		NI	ADDRES		21 001
(YES, NO. C		VAR OR DATES)	219 40 96	95 MARS	G. CH	RISTMAS.	TIMONI	UM. N
18. C	CAUSE OF DEATH (Enter and	y ane cause per line		10	0.00			APPROXIMATE
P,	ART I DEATH WAS CAUSED	BY: E CAUSE (a)	nultiple	e Crus	hing In	Much To	TXAX !	WEENONSET
15/8	147		AS A CONSEQUENCE C)F	1	post		
	Canditians, if any, which gave rise to immediate	(b)			//			
c	cause (a) stating the <u>under</u> -	<	AS A CONSEQUENCE O	F	1/		- 3 - 11 - 1	11/1/2
10.75		(c)						
	2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH B	OUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION G	IVEN IN PART 1 (a).			
19a. D	DATE OF OPERATION	Tink CONDIN	ION FOR WHICH OPERA	TION WAS DEDUCED	50			
5	ALE OF OFERATION	176 CONDIT	ION FOR WHICH OPERA	ATION WAS PERFORMI	יטי		20.	AUTOPSY?
210 E	XTERNAL CAUSE WAS	21b. TIME OF	INJURY	Tale HOW IN HIRY O	CCHIPPED (ENTER)	NATURE OF INJURY IN ITEM, TE	BART LOD SART 2)	YES 🗌
	ERLYING OR TRIBUTING CAUSE OF D	HOURZAM.	MONTH DAY YEAR	Struck	LIT	La D		10
	NJURY OCCURRED	21e PLACE O	FINJURY (ATHOME.	211 LOCATION	1/1/	sercenas	1sig no	doy
	LE NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)	16/110	466	CHY COLLEGE THE	COUNTY	6. H.
				7	. 7	- C. MI	CHIVE	Derio
	2a. I certify that I took charge th resulted from: Nature				nspection [],		nd in my apinian	
Geor	m resolied freeze: Nature	Tourses L.J.	Accident , Suid	TINE (SPE		ermined manner		1
ACTU	AL CLAS	lot ar	Somulle	100	141	ICAL EXAMINER	DATE //	1281
7.				m.bl	MED	ICAL EXAMINER	SIGNED	10
	OR PRINT) CHAI	RLES F.	O DONNELL	M. Dodress 7	501 YAR	RD. TOW	SON, M	D.
23a.BURIAL,	CREMATION, REMOVAL 23		23c. NAME OF CEM	ETERY OR CREMATOR	23d. LC	PCATION OR TOWN	COUNTY	STA
		4. 4.0			CITY	OK TOWN	CODINIT	MD.
	MATION	12/4/80	GREEN	MOUNT	12	ALTO		P.J.

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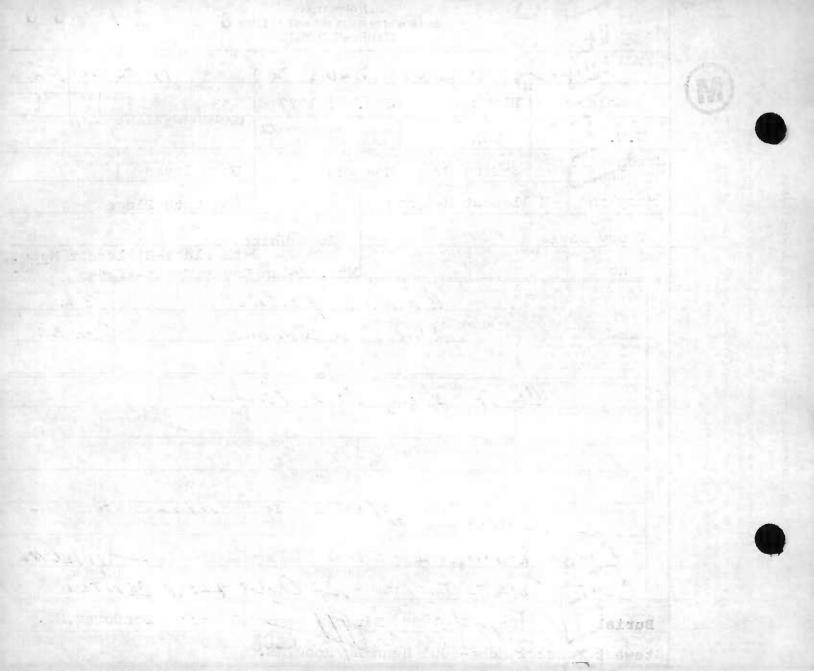


	1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	/ 4 5 7
death		ECEASED NAME FIRST LENA	MIDDLE	CUMMINS	NOVEMBER 7,1980	YEAR 26. HOUR 9:30 A
e de	3 51	FEMALE	4 RACE WHITE	AUG. 25, 1905		UNDER I YEAR IF UNDER 24 HE
	70. 6	RUSSIA	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED XX NEVER MARRIED WIDOWED DNORCED	BALTIMORE CITY OR COUNTY OF BALTIMORE COUNT	
DO TO		PIKESVILLE	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET 7 SLADE AVE.	APT. 411 (21208)	126 USUAL OCCUPATION ITYPE OF YORK FOR MOST OF WORKING LIFE) HOUSEWIFE	126. KIND OF BUSINESS OF HOME
31	13e.	STATE 1136 COU	NOTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134, CITY OR TOWN PIKESVI	E ADMISSION) N 13d. INSIDE CITY LIMITS? YES A NO	7 SLADE AVE. APT.	411 (21208)
303	14. F	ATHER'S NAME ABRAM	CULINER	IS MOTHER'S MAIDEN NA		EMEL LAST
the media		WAS DECEASED EVER IN U.S. AF 1YES, NO OR UNKNOWN) 1 IF YES, GN	THE FORCES? 146 SOCIAL SECU E WAR OR DATES) 213=52-1		ADDRESS UMMINS 7 SLADE AV	E APT. 411(2
remove remati		Conditions, if ony, which gove rise to immediate couse 101, stating the	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	175C U-	D	
prior to burial, c	FICATION	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO C	175C U-	200 AUTOPSY? 206. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
ygiene prior to burial, c 18 shows any injury, or	AL CERTIFICATION	gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19e DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO C 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21c HOW INJURY OCCUR	20e AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
and Mental Hygiene prior to burial, carked or Item 18 shows any injury, or	MEDICAL CERTIFICATION	gove rise to immediate couse Io1, stating the underlying couse lost PART 2 OTHER SIGNIFICANT 1% DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO C 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21c HOW INJURY OCCUR 19 211 LOCATION	200 AUTOPSY? 206. IF YES, VIN CERTIFYIN	WERE FINDINGS USED NG CAUSES OF DEATH?
use as the burial-transit permit. Then please in Health and Mental Hygiene prior to burial, c. 21 is marked or Item 18 shows any injury, or		gove rise to immediate couse los, stating the underlying couse lost the underlying couse lost part 2 OTHER SIGNIFICANT 1% DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTHEY MEDICAL EXAMINER THE UNDERLYING ON CONTRIBUTING AT WORK AT WORK	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO CONT	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET	200 AUTOPSY? 206. IF YES, WIN CERTIFYIN YES NO (A) YES [WERE FINDINGS USED NG CAUSES OF DEATH? NO 11 ORPART 2) COUNTY STATE
ne burial-transit permit. Then please in and Mental Hygiene prior to burial, correct or letern 18 shows any injury, or sirked or I tem 18 shows any injury, or		gove rise to immediate couse lost iot. stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19e DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTHEY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27e I certify that (I) (this lose sow the decease alvee or obove. (I) (see) [c]	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO C 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21r PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET ARM, ETC.) 212 LOCATION STREET ATTENDING PHYSICIAN 2 228 ADDRESS	200 AUTOPSY? 200. IF YES, V IN CERTIFYIN YES NO (A PRED (ENTER NATURE OF INJURY IN ITEM IS, PART CITY OR TOWN	WERE FINDINGS USED NG CAUSES OF DEATH? NO COUNTY STATE , that (I) (ma)

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West a

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME 20 DATE OF DEATH YEAR 26. HOUR (TYPE OR PRINT) 600 ARLES WILLIAM IF UNDER I YEAR 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS Jan. DAYS HOURS MIN Male Black 1927 53 To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIEDXX N.C. USA WIDOWED DIVORCED [Catonsville, 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 170. USUAL OCCUPATION 17h KIND OF BUSINESS OR Spring Grove Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Unemployed Maryland DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING JOME OR OTHER INSPITUTION, GIVE RESIDENCE BEFORE ADMISSION Hillcrest 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 4004 24th Place Heights NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Ivory Davis Rosa White 17 INFORMANTO04 24th Place Hillcrest 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Md. Helen Davis Evans-sist no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a) 4b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OF RATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED p IN CERTIFYING CAUSES OF DEATH? YES [NO [Mental Hygier 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) m 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PAA 19 Her 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY 0 CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from .19 _____, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated sow the deceased alive on_ abave, (1) (we) (did) (did not) view the body after death 276 SIGNATURE DEGREE 22c. DATE SIGNED 0 MEDICAL * ATTENDING STAFF be deta e State [PHYSICIAN [] DIRECTOR PHYSICIAN 22m ADDRESS 72d PHYSICIAN'S NAME (TYPE OR PRINT ld b MPORT 50 231 NAME OF CEMETERY OR CREMITTORY 23d LOCATION 230 BURIAL, CREMATION III DATE Landover, Md. Park Memorial Burial 24 FUNERAL DIRECTOR DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4)) Road NE Stewart



5	1.	FOR STATE REGISTRAR		DEPAR	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 0	2	7	61
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TEN I or a TOR: use a 'Heal		22n I certify that (I) (this sow the deceased of obove (we) (did) (c	ve on	20/19	Vo '	nd that in (my) (our) opinion	death occurred on the d	ote and hour		that (I) (we) lo
DIR hed Dept		anthoy	Fla	21839	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [12/	SIGNED
TO HOSPITAL SAFAT retained by the hospital TO FUNERAL DIREC should be detached for with the State Dept. of IMPORTANT: If Item		Authory	TYPE GRADUNT) (A	RO77	A	1801 Mg	NTINURP	P1 0	alto 1	212
BP	23a (BURIAL CREMATION, REMO SPECKY) Burial	236. DATE 12/4			emetery or crematory and Mem Park	236. LOCATION CHY OR JOWN Baltimo	ore, M	county aryland	STATE
DHMH-16 25M (VRA 15, 4) 1/79	24. F	UNERAL DIRECTOR NAME Leonard J R	uck Inc.	ADDRESS Balti	more.	Maryland 250. DAY	EC 2 1980	25b. REG	APSSIGNAT	Cheerly

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2	FOR 1 - STATE REGISTRAR			STATE OF MARYLAND NT OF HEALTH AND MENTAL H AMINER'S CERTIFICATE O	EDEATH	27462
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AR PER PER PER PER PER PER PER PER PER PE	3. SEX Male	4.RACE White	June 28, 1964	AGE (IN YEARS IF UNDER 1 YR. IF UNDER ASI BIRTHDAY) MONTHS DAYS HOURS OF YRS.	MIN. PRONOUNCED DEAD	11 22 19 80 4:30 P M
LAV 55 NECESS. O THE FUNERA PAGE 5 FOR 7 PRESS. E FLEE WITHIN FRESS.	Penna. ID. CITY OR TOW Arbuti	N OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	WIDOWED DIVORCI	ED CO. Baltim 120 USUAL OCCUPATION FOR MOST OF WORKING LIFE	OR INDUSTRY
TIMORE, MD. 21201 TER DEATH. IF ANY DE E PAGES I, 2, AND 3 TR FORM PM 3. RETAIN ES I AND 2 SHOULD B ON OF TAIL RECORDS	130. STATE Maryland 14. FATHER'S NAV FIRST Anthone 160. WAS DECEAT (YES, NO, OR UNK	ME 13b. COUNT Balts	ATHER INSTITUTION, GIVE RESIDENCE BEFOR Y INC. CITY OR ANDUE A. De Ar LED FORCES? 166 SOCIAL	RE ADMISSION) TOWN 13d. INSIDE (ITY LIMITS? YES NO 15. MOTHER'S MAIDE FIRST COLLIS Kathlee 17. INFORMANT	ADDI	Veneziale.
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AF EXECUTE THE CERTIFICATE, WRITING THE WORD." PENDING" IN PENCIL IN ITEM 18. GIVE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT FERMIT. PAGE AFTER DEATH, WITH THE STATE DEPRETAMENT OF HEALTH AND MENTAL HYGIENE, DIVISIONANCE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	PART I Condition gave cause lying c	IMMEDIATE ions, if ony, which rise to immediate (a) staking the under- ause last.	E CAUSE (a) HEACE AT DUE TO, OR AS A CONSECUTION OF AS A CONSECUTI	d Neck Injuries	V. NeAngelis	PPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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PBP	(SPECIFY)	- ·	11/26/80 Mean	e of cemetery or crematory downidge Cemetery phur Spring Rd NOV	234 LOCATION CITY OF TOWN CCID. BY REGISTIAN 2 5 1980	COUNTY STATE

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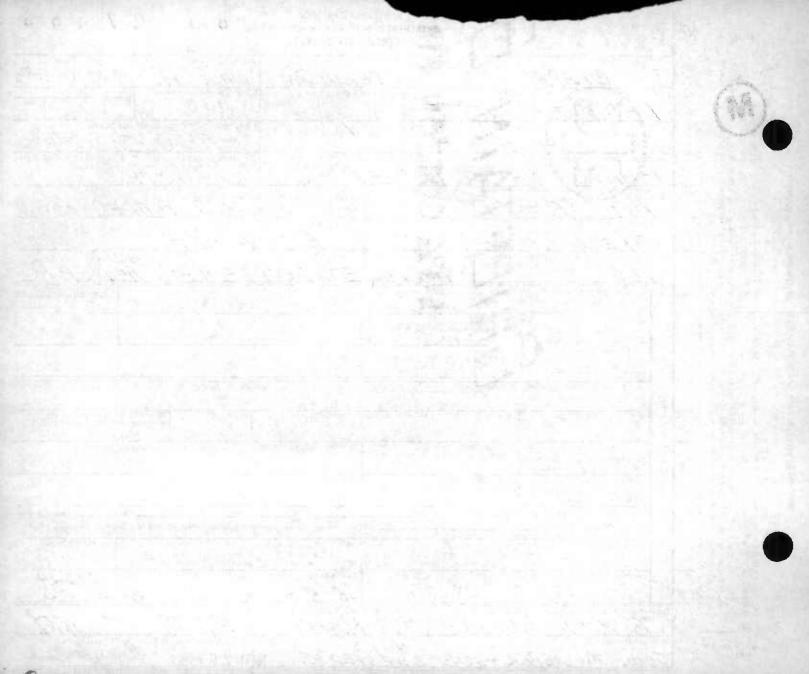
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ige 4 may b rector, page 3 ors other death		OR PRINT)	OUIS MIDDLE	J. DEI	DEEGAN DEEGAN	NOVEMBER 30	1980 4:40A M
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recto		Male	White	Jan	3,1901	79 YRS	
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AND 21201 1 24 hours of filled in by rould be file.	13a. S	AL RESIDENCE (IF NORSING NOME OR	OTHER INSTITUTION, GIVE RESID TY BAT	ENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	1312211 Bore Belvede	ere Avenue
MARYLAND red within 24 and 2 should and 2 should examinedmus	14. FA	THER'S NAME Michael P	Deega.	n ^{AST}	15 MOTHER'S MAIDEN NA Barbara		unders
BALTIMORE, MA cote be executed yiston and comp ppers. Pages 1 an vol. it, the medical exe			WAR OR DATES)	CIAL SECURITY NO. 09-0289 A	17 INFORMANT Mrs. Edna R	ADDRESS Deegan same	
ST., BALT ertificate b g physicia gonpapers. removal. event, the		18 CAUSE OF DEATH (Enter on PART), DEATH WAS CAUSED IMMEDIAT	y one couse per line for () BY:	o), (b), and ic)	pulmonary ar	29EST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 MIN
PRESTON : he death ce me attending emove carb mation, or r		Conditions, if ony, which gove rise to immediate couse 101, stating the	DUE TO, OR AS A CO	ONSEQUENCE OF ARDIAL IN	PULMONARY A IPACCTION NFARCTION	AKKES I	72 HRS
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AL RECO	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	IN CERTIF	S, WERE PINDINGS USED? FYING CAUSES OF DEATH? S \(\text{NO} \)
ON OF VITA HYSICIAN: Til ding physicio is certificate buriol-transit Mentol Hygi		2]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		ONTH DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18, F	PART OR PART 2)
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r ottending physician. After this certificate has been signater this certificate has been signater this certificate has been signater the buriol-transit permit. Then lith and Mental Hygiene prior to be harded or Item 18 shows any injury	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTO	RY RY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND or TOR: A for use of Heal		220-1 certify that (* (this haspit sow the deceased alive on above, (**(we) (did) (did)	ol) ottended the deceos	ed from 11-7	, 19 80 nd that in () (our) apinion	to 11 - 30, a death occurred on the date and hou	19 60 , that the (we) lost ur and from the causes stated
he hospital DIRECtoched to Dept.		22b. SIGNATURE	wew the oddy offer dec	orn.	DEGREE	WED3644 67465 4	22c. DATE SIGNED
RAL I deto		RENCLOUP G. 1	Whipps !		ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	11-30-80
TO HOSPITAL Cretoined by the TO FUNERAL Should be detail with the State DimPORTANT: If		RANDOLPH WH	ires	4: 24	ST. JOSEPH		
2748BP	É	URIAL, CREMATION, REMOVAL PRECIPY Urial	23b. DATE Dec.3,1980		EMETERY OR CREMATORY Heart of Jesu		COUNTY STATE
DHMH - 16 50M 1/76 (VR A 15 (4))		INERAL DIRECTOR NAME Onard J. Ruck I		ore, Maryl		TE REC'D. BY REGISTRAR 256. RESIST	Par's Signature

	1-	FOR STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 0	2	7 4	6 4
e 6 E		OR PRINT)	IRST	MIDDLE	LA C		20 DATE OF DEATH		YEAR 2b.	HOUR
oy be oge 3 death		Julia	-	De Gal			Nov. 17			М
ctor, p	3 SE	Female	4 RACE White	9	5. DATE OF	22,1905 YEAR	6. AGE (IN YEARS LAST BI	MONT		OURS MIN.
eath. Pag herol dice n 72 hour	7a. Bi	RTHPLACE (STATE OR FORE	IGN 76 CITIZEN O	F WHAT COUNTRY?	8	□ NEVER MARRIED □	BALTIMORE CITY O	YRS. OR COUNTY OF Glen Kei	. (")	run
s offer de by the fur iled within		TY OR TOWN OF DEATH	11. NAME O	F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET 14 E. Glen	IG HOME OF	OTHER INSTITUTION	12a USUAL OCCUPAT TYPE OF WORK FOR MOST Western Ur	OF WORKING LIFE! I	126. KIND OF BUINDUSTRY	
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n and co Pages 1		VAS DECEASED EVER IN (ES, NO OR UNKNOWN)	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)			Mrs. Bonnie	ADDR L. Ruley 36		lea Ave	
Iaw requires that the d to so been signed by the or to mit. Then please remover to burial, cremating any injury, or other tro	CERTIFICATION		cant conditions	or as a consequi	DEATH BUT N	OT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WIN CERTIFYING	ERE FINDINGS G CAUSES OF	DEATH?
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DHMH-16 30M 2/80 (VRA 15, 4)		uneral director	tuck Inc. E	Baltimore,	Maryl		E REC'D. BY REGISTRAF	25k GISTRAR		4

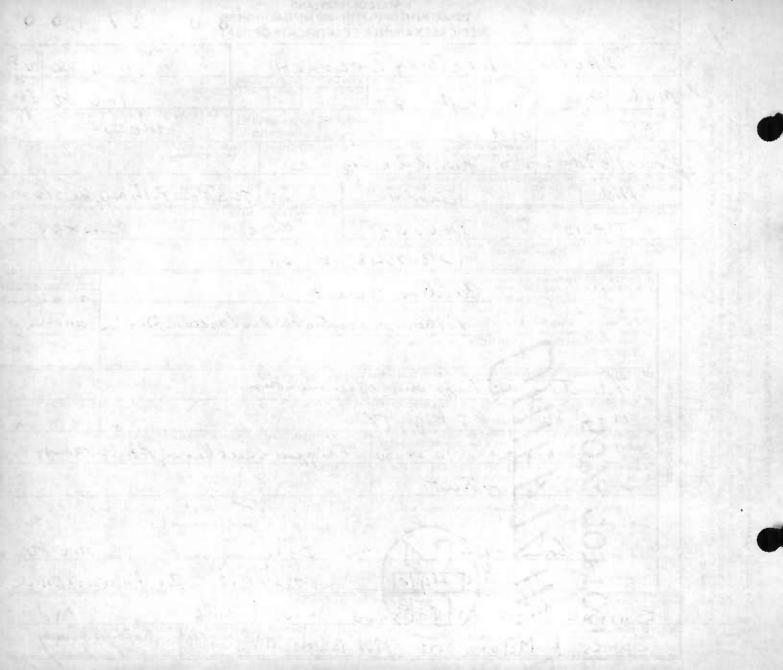
FOR 1 - STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	8	O REG.	NO	2	7
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(TYPE OR PRINT) CLARA		DEL INISKI	10	101	1.	19	/	980

10	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND RENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 0	2746
133		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
2	((Ab)	CLARA		DELINSKI	NOV, 1	9. 1980 10:30
144	3. SE	×	RACE //	5. DATE OF BIRTH MONTH DAY J YEAR	6. AGE (IN YEARS LAST BIRT	
		FMHDE	WhITE	7/ 29/ 20	60	YRS.
67	70 B	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
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00	1	3ALTO	26/2 AMI	DER RO	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O	
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2	14. E	ATHER'S NAME	1/0	YES NO ZZ	1000 AC 1	TILLE TON
20	1	TOSON MI	PEHON); B/51	And MIDDLE	LAST
		VAS DECEASED EVER IN U.S. ARMI		RITY NO. 17 INFORMANT	ADDRE	ss, 26/2
1	- 4	ES, NO ORIUNKNOWN (IF YES, GIVE V	(AR OR DATES) 217-09-0	6412 FOWAPOX	DELINES	AMMERK
		18 CAUSE OF DEATH (Enter only	one cause per line for (o), (b), onc	(c).)	·	APPROXIMATE INTERV. BETWEEN ONSET AND D
	-	PART I. DEATH WAS CAUSED IMMEDIATE	BY: Dalastu	tic adono Ca	range	
		1991	DUE TO, OR AS A CONSEQUE	NCE OF		
		Conditions, if any, which gove rise to immediate	(16) Lung +	LIVER un volve	ment	
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF _ O		
5			((c) Proces	- by plead,		
10.3	NO	PART 2. OTHER SIGNIFICANT CO	NOTHORS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONL	OTTION GIVEN IN PART 1(a)
7	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
7	TIE				YES NO	IN CERTIFYING CAUSES OF DEATH YES NO NO
0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b, TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
	MED	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f. LOCATION STREET	CITY OR TO	VN COUNTY STA
		WHILE NOT WHILE AT WORK				
		22a I certify that (I) (this hospital sow the deceased alive on	19	and that in (my) (our) apinion o	, to feath accurred on the do	ite and hour and from the couses stat
		abave, (1) (we) (did) (did nat) v 22b. SIGNATURE	new the body after death.	DEGREE		22c DATE SIGNED
		Walrest t.	Lebets	MAD ATTENDING	MEDICAL STAF	F _ // a /a.
1		22d. PHYSICIAN'S NAME (TYPE OR PI	RINT)	22e ADDRESS	DIRECTOR PHISIC	21124
		ROBERT	T. LIBERTO	3508 BAN	K 51.	BAJO. MO
3	23a E	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY COUNTY
	3	BURIAL INERAL DIRECTOR	11-32.80 /2	1LV KOSARV	BANI	MA

DHMH-



						ARYLAND				
,,	1-	FOR STATE		DEPARTMENT OF HE			YGIENE 0	27	4 6	6
4		REGISTRAR	ME	DICAL EXAMINE	R'S CE	ERTIFICATE O	FDEATH	REG. NO.		
Na di Doll	DE (TYI	CEASED NAME FIRST PAULD	he	e (Brady) I	20/	CACH	20. DATE KN OF E DEATH M	IOWN MONTH	L 19 SC	26. HOUR
A C F S	3. SE	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS				HTMOM	DAY YEAR	2d HOUR
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A STATE OF THE STA		RTHPLACE (STATE O	76 CITIZEN OF WI	HAT COUNTRY? 8.		red	9 BAITIMOS	FOITY OR COUN		T M
2225447		reign Country)	USA		MIDOWE			saltoca	۰ د	MD.
MAN 1857	P.	WORTOWN OF DEATH	1 37 T	CRITAL, NURSING HOME, C CRITY, GIVE STREET ADDRESS)	Cape	RINSTITUTION	FOR MOST OF WORKING		OR INDUSTRY	
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A. A. A.	14. F	THER'S NAME	MIDDLE	1407	1	S. MOTHER'S MAIDEN				
DRE, MD. R DEATH, AGES 1, RM PM 1 AND 2 OFWITA		DAVID	WIDDE 6	DeLoach		lus	e middi	B	ACKEY	1
20220		VAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY N	10.	7. INFORMANT		ADDRESS	-	
F. VZIOS	,,	(IF FES, GIVE	WAR OR DATES!	2130734	8	Records.				
		18 CAUSE OF DEATH (Enter or	ly one couse per line	for (a), (b), and (c),)					APPROXIMATE II	NTERVAL
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> 23870		gove rise to immediate cause (o) stating the under-		AS A CONSEQUENCE OF						
		lying couse last.		NO NO CONTRACTOR						
w 0= 1 = 5 = 7		PART 2 DIHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT BELATED TO THE TERMINA	L DISCASE D	O CONDITION CIVEN IN BACT	11/45		1	
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECUTING THE WORD. "PENDING" ROED TO THE CHIEF MEDICAL ROED TO THE CHIEF MEDICAL ROED TO THE CHIEF MEDICAL ROED SHOULD BE USED AS A BU PRIOR TO BURIAL, CREMATION.	Z	Theretin	- nt to	in and O	Beer	the Stre) + 10).) -			
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DIVIS HIS CER VRITING VRITING VRITING GE 3 S (TE DEP	ME	WHILE NOT WHILE AT WORK	STREET FACE	FARM, ETC.)	STRI		CITY OR TOWN	co	YTHU	STATE
WAI TATE		AT WORK AT WORK	61	Lui I						
		220. I certify that I taok charg	e of the remains des	cribed above, held an	Autopsy	, Inspection	Inquiry	, ond in my a	pinion	
EXAMINER: CERTIFICATE OUTD BE FOR DIRECTOR: WITH THE S ARRYLAND, 2		death resulted from: Notu	couses .	Accident Suicio	de .	Hamicide .	Undetermined monn	er .		
XXA EERT WIT WIT		1	0111			TITLE (SPECIFY)				
AL HE HE HE		SIGNATURE CEN	. C. Hy	+	M.D	Dola	MEDICAL EXAMIN	ER SIGNI	ED 11-6-0	0
DIC TE T TE T NER ORE		EXAMINER'S NAME	, 0			0 1		0.00	4	
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE APORT & ANOUND BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATTMORE, MARYLAND, 2	100	(TYPE OR PRINT)	OHM	Hyle	A[DDRESS 7527	Beland	Rel Bull	4382H2	ul
PAY TO	23a.B	PRIAL CREMATION REMOVAL		23c. NAME OF CEME	TERY OR	^	23d. LOCATION	cou	NTY STAT	n/
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4213 DHMH-17	24. F	INERAL DIRECTOR	A DORESS			ALO:	EC'D, BY REGISTRAR	25b. RECASTRAR'S	KALATUR	
(VR A15 ME (5)) 15M 7/77		James A	Motor	t Sobs 170	0/ 10	aures) NU	V 1 2 1980			/



		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
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	3 SE	X		4 RACE		S DATE (& AGE IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YE	
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255		ndalls to			JCH FACILITY, GIVE	STREET ADDRESS)	eral Hospita	120 USUAL OCCUPATION OF WORK FOR MOST Plumber	OF WORKING		D OF BUSINESS OR
35	Ma	AL RESIDENCE IN NURS STATE ryland	135 COUN	TOTHER INSTITUTION TO THE POINT OF THE POINT	Syke	E NEFORE ADMISSION) R TOWN SVILLE		134 STREET ADDRESS	l Li	berty	Rd.
exa	14. F/	ATHER'S NAME		MIDDLE	LAS	ST.	15. MOTHER'S MAIDEN NA	ME			LAST
bl		George		W.	De	Vries	Grace			St	tem
		VAS DECEASED EVER		MED FORCES?		SECURITY NO	17 INFORMANT	ADDI			.,
皇		No			220-	01-4089	Dorothy S.	DeVries	, Sar	meAAs	#13
even		IL CAUSE OF DEAT	H (Enter or	ly one cause pe	er line for (a), (b), and (c).)		27-1410		BETWE	POXIMATE INTERVAL
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jury		PART 2 OTHER SIGN	NIFICANT (CONDITIONS	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COL	ADITION C	SIVEN IN PART	1(a)
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NS al	CERTIFICATION	190 DATE OF OPERA	TION	1% CON	DITION FOR W	HICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF Y	YES, WERE FIN	IDINGS USED
shon	Ĭ.	1/ 2 8	80	600	mer	ene	21	YES NO		TIFYING CAUS	SES OF DEATH?
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E 9		OR CONTRIBUTING									
ō	MEDICAL	(IF EITHER, NOTIFY MEDIC. 214. INJURY OCCURE			OF INJURY	19	211 LOCATION				
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IMPORTA	23e.	BURIAL, CREMATION,					EMETERY OR CREMATORY	234. LOCATION		COUNTY	STATE
_	1	Buri	al	11-6-	1980	Lake V	liew Memoria	1	- (Carrol	
-16 25M	24 F	UNERAL DIRECTOR	D	·	CLADINE	223	2501941	E REC'D BY REGISTRAL	111 TEG	ATRAP A	TURE
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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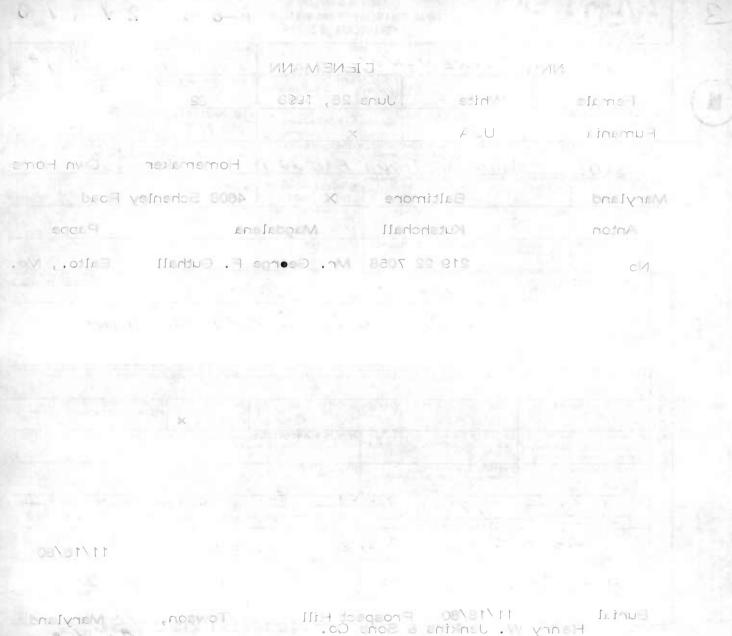
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	death	offendi offen, gr	rounds
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	TO HOSPITAL OR ATTENDAGS PHYSICIAN. The low inquires that the death certificate be executed within 24 hours after degth. Page 4 may be received by the hospital or attending physician.	10 FUNERAL DIRECTOR: After this centiticate has been signed by the offending physician and completely filled in by the funeral direction page 3 should be detached for use out the buridity permit. Then please embre combappers Pages. I and 3 should be filled within 7 letting the death and Mental Mygene prior to Burial, cremation, or removal.	IAPORTANT: If hem 21 is marked or term 18 shows any injury, as other traumants event, the medical evaporance markets partitled for or any
200	HO H	10 P	Odwi
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		CEASED NAME FIRST OR PRINT)	n R.	D	ice	REG. NO. 20. DATE OF DEATH MONTH DI November 7	YEAR 26 HOU
Ca	1 SE	Male	4 RWhite	De Chi	F BIRTH 1921 YEAR		IF UNDER 1 YEAR IF UNDER ONTHS DAYS HOURS
34	Aat	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY USA	? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore Cou	of DEATH inty
100	E	TY OR TOWN OF DEATH SSEX 21221	2020 Tred IVAVOR	Road	DR OTHER INSTITUTION	ME THUSE PROPERTIES WORKING LIFE)	12b. KIND OF BUSIN
BE	130. 5	aryland 136 Ba	or other institution, give residence before the control of the con	WZ1221	13d INSIDE CITY LIMITS?	13. STREET ADDRESS Tred Av	ron Road
13		THER'S NAME Lee M. Dic			IS MOTHER'S MAIDEN NA. Lovina	Johnson	LAST
ospe /		VAS DECEASED EVER IN U.S. (IF YES, C	ARMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 212 12		Mildred K.	ADDRESS Dice, Wife	Same APPROXIMATE INTE
ar other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU		NOT BELATED TO THE TERM		
es any injury.	FICATION	PART 2. OTHER SIGNIFICAN Diabete 19a Date of OPERATION	196 CONDITION FOR WHIC	H OPERATIO	Bystemic E	200. AUTOPSY? 20b/IF YES, IN CERTIFY	WERE FINDINGS USE VING CAUSES OF DEA
and Mental Hygiene prior to but	MEDICAL CERTIFICATION	DIA DETE	196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 196 TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR	Dystemic E N WAS PERFORMED	SSCHTIAL HYPE	WERE FINDINGS USE VING CAUSES OF DEA
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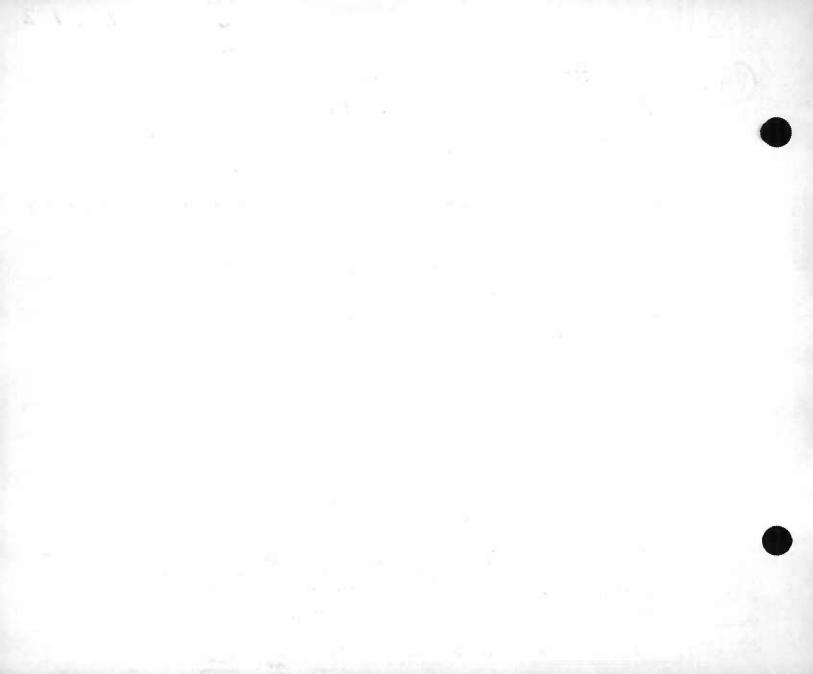
	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE —8 0 2 7 4 7 C CERTIFICATE OF DEATH REG. NO.				
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR	
6	ANNA	4	DIENEMANN	Now.	16,1980 15	
3 SI		4 RACE	S DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24	
4.0	Female	White	June 26, 1898	82 yrs.	MONTHS DAYS HOURS	
		TE CITIZEN OF WHAT COUNTRY?		BALTIMORE CITY OR COUNT	Y OF DEATH	
Short I	Rumania	USA	WIDOWED DIVORCED	Baltimore	County	
g 10 C	CITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12h, KIND OFBUSINES	
3907	owson 1	Manor Care To	K. I Larvai	Homemaker	INDUSTRY OWN HOL	
USU	JAL RESIDENCE (IF NURSII G HOAE OR STATE TIS LOUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ADMISSION	Control of the Contro		
26.6	Maryland	Baltimo		4608 Schenley	/ Road	
	ATHER'S NAME	Date	15 MOTHER'S MAIDEN NA		rtoad	
300	Anton	Kutshch	nall Magdal	MIDDLE	Pappe	
160	WAS DECEASED EVER IN U.S. ARA		3	ADDRESS	Tappe	
12	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		o E Cutholl	Dolla A	
5	No I	219 22 ly one couse per line for (g) ₄ (b), on		e F. Guthall	Balto A	
		DUE TO, OR AS A CONSEQUE				
ny injury, or	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(a)	
ws any in			DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 200 IF YE	VEN IN PART 1(0) ES, WERE FINDINGS USED IFYING CAUSES OF DEATH ES	
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RTANT: If Item 21 is marked or Itel	PART 2 OTHER SIGNIFICANT CO	196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D. P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F (AT) view the body ofter death.	OPERATION WAS PERFORMED 21c HOW INJURY OCCUR 19 21l LOCATION STREET 21d LOCATION STREET APPLICATION DEGREE ATTENDING PHYSICIAN 22a ADDRESS	206 AUTOPSY? 208. IF YE IN CERT YES NO Y PRED JENTER NATURE OF INJURY IN ITEM 18. CITY OR TOWN death occurred on the date and ha	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH (ES NO PART 1 OR PART 2) COUNTY STAIL COUNTY STAIL LOUIS AND THE COUSES STORED 22c. DATE SIGNED	
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IMPORTANT: If Item 21 is marked or Item	PART 2 OTHER SIGNIFICANT CO	196 CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21r. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F 10) oftended the deceased from 19 1) view the body ofter death. 21r. PRINT) 23b. DATE 23c. T 11/18/80 F	OPERATION WAS PERFORMED AY YEAR 19 ARM, ETC.) 211 LOCATION STREET APPLICATION DEGREE ATTENDING PHYSICIAN STREET 222a ADDRESS AMME OF CEMETERY OR CREMATORY PROSPECT HILL	206 AUTOPSY? 206 IF YE IN CERT YES NO Y IRED JENTER NATURE OF INJURY IN ITEM 18. CITY OR TOWN death occurred on the date and ha MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE 122. DATE SIGNED 121/16/80 COUNTY STATE C	



Henry W. Jankins & ont Go.

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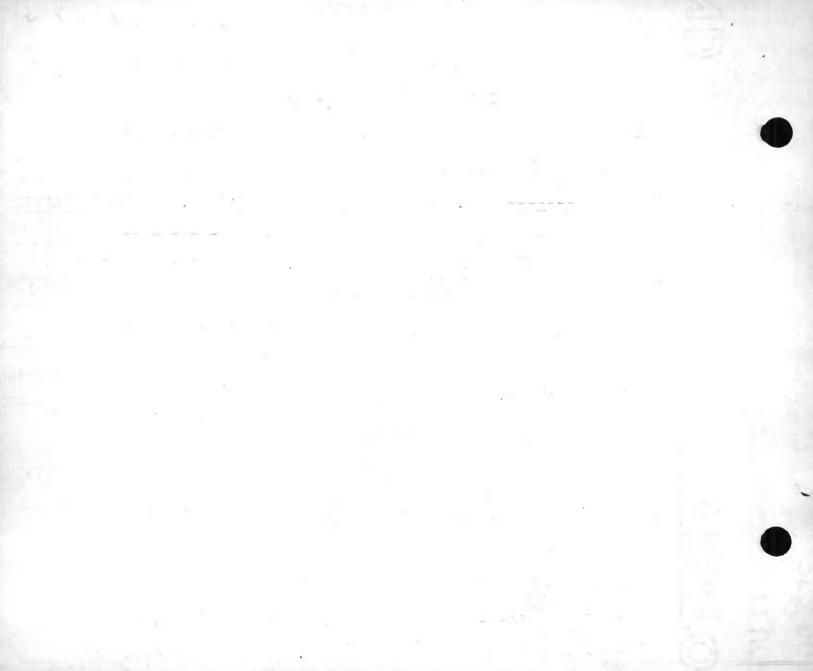


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

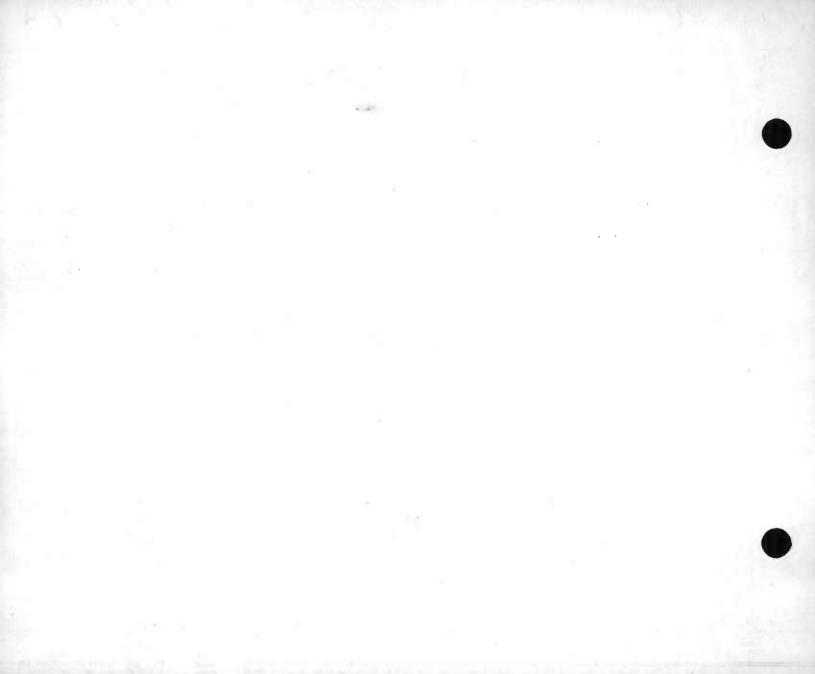
FOR

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(VRA 15, 4) 7/78



	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 / 4 / 4 CERTIFICATE OF DEATH REG. NO.					
100		CEASED NAME FIRST OR PRINT) May H	ng Ann	1) orsey	DATE OF DEATH	NONTH DAY YEAR 26 HOUR 300 M	
IMI \	1. SE		4 RACE	5 DATE C		& AGE (IN YEARS LAST BIR		
- J		Female	Negro	- de	r. 15 1900	80	YRS.	
35	Md. 10 CITY OR TOWN OF DEATH Catonsville		76. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME COOL OOL Spring State		D NEVER MARRIED DIVORCED	Baltimore County of DEATH Baltimore County		
O					Hospt.,	178 USUAL OCCUPATION ITUPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY INDUSTRY		
35	USU. 13a. S M.	AL RESIDENCE IF NURSING HOME OF	NOTHER INSTITUTION, GIVE RESIDENCE BEFORM 134 CITY OR TO EIK TO	WN	136 INSIDE CITY LIMITS?	13. STREET ADDRESS 226 E.HI	gh Street	
2007C	14. FA	James Thon	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE	LAST	
Z medicol	16e V	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVI	EMED FORCES? 166 SOCIAL SEC 215-32		17 INFORMANT Clarissa D	orsey-226	E.High St.,Elkto	
prior to Duriol, cremotion, or removal ony injury, or other troumatic event, the	NO	Canditions, it any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b) CUC (b) CONDITIONS CONTRIBUTING TO	UENCE OF U	ascular Acc		DITION GIVEN IN PART 1(0)	
shows only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	
or them 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
morked or	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	WN COUNTY STATE	
21 is		saw the deceased alive an	attended the deceased from	80.	nd that (n (my) (our) opinion of	leath occurred on the d	, 19 D, that (1) we ast ate and hour and from the causes stated	
MPORTANT: If hem		22h. SIGNALIA	Wighter)	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF 11/8/80	
MPORTA		226 PHYSICIAN'S NAME (TYPPO	L. Wright		PAING GIA	re HESPI	Caternsville Wd	
diw odwi	(Burial Burial			emetery or crematory lene Cem.,	23d LOCATION CITY OF TOWN E1kton REC'D. BY REGISTRAR		
		INERAL DIRECTOR	A F MET BY A ! !					



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ST., HOUN IB	NE, DIV		18. CAUSE OF PART I DE	ATH WAS C	AUSED BY:		r line for	r(a), (b), and (c)	drug	intox	ication					BET	PPROXIMATE WEEN ONSE	INTERVAL T AND DEATH
301 W. PR CUTED WIT IN PENCIE L EXAMINE JRIAL-TRAN	MENTAL OR REMO	7	gave ris cause (a) lying caus		ediate under-	(b)_ DUE TO), OR AS	A CONSEQUENT A CONSEQUENT NOT RELATED TO THI	ICE OF	ASE OR CONDITIO	ON GIVEN IN PART	1 (o),	•					
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TO MEDIC, EXECUTE TI PAGE 4 SF	TER DEA	-	EXAMINER'S (TYPE OR PRIN	NAME (T)	Horn	nez R	. Gu	ard,M.D	•	ADDRESS.	111 P	enn S	t.Ba	1to.	,MD	2120	1	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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within 24 hours after

requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remayal.

1	1.	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	2 7	4.	77
	I. DE	CEASED NAME	FIRST		Richmo	nd	AST C D	20 DATE OF DEATH		SIL I	2b. HOUR
	2.55		AYNE		R.		EY, SR.	NOVEMBER		980 ER I YEAR	12:05A
	3 SE	x Male		4 RACE Whi	ite	5. DATE C		60	MONTHS YRS		HOURS MIN
35	C	IRTHPLACE (STATE OR FO COUNTRY) Maryland	DREIGN	TE CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DE		MD.
Notited	.10 C	TOWSON	TH I	SAIN	T JOSEPI		SPITAL	120. USUAL OCCUPATION OF WORK FOR MOST OF Self - Emp	ON F WORKING LIFE) INC	KIND OF CUSTRY Real	Business or Estate
325	13a. S	Md.	136 COUN Balt	ITY	GIVE RESIDENCE BEFORE 134 CITY OR TOWN TOWSON	AOMISSION)	YES NOX	13e STREET ADDRESS 1108 Con	cordia D	r.,	Mgmt. Towson
xomme		TATHER'S NAME James ATHER'S NAME	Allen	AIDDLE D1	idley tast		15. MOTHER'S MAIDEN NAME FIRST	WE	Rolle	LAST	
ico /	160 V	WAS DECEASED EVER I	N U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
med /		Yes	WW		217-18-	8125	Mrs. Elise	Dudley, 11	08 Conce	rdia	Dr.
or other traumatic		Conditions, if any, gave rise to imm cause (a), stating underlying cause	nediate g the last	DUE TO, OI	R AS A CONSEOUE	NCE OF	NAXIVA S XXXXX S S X X X X X X X X X X X X X				
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	1	Burial, CREMATION, I	1	11/26			v Valley Cem	CITY OR TOWN	ville M	d	STATE
7		UNERAL DIRECTOR	ent o	Dommer	ADDRESS			RECD. BY REGISTRAR		SINAL	ready

10 W. Padonia Rd.

NOV 26 1980

DHMH - 16 50M 7/77 (VR A 15 (4))

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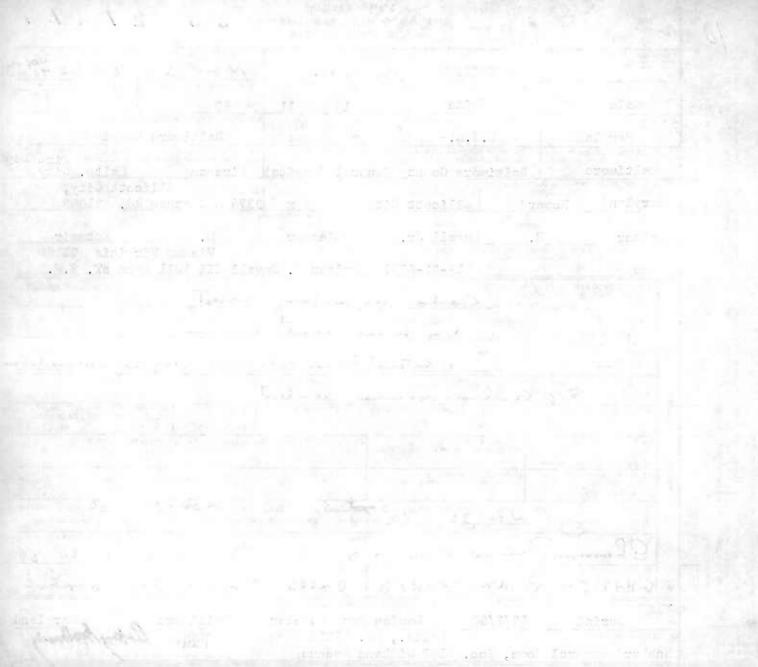
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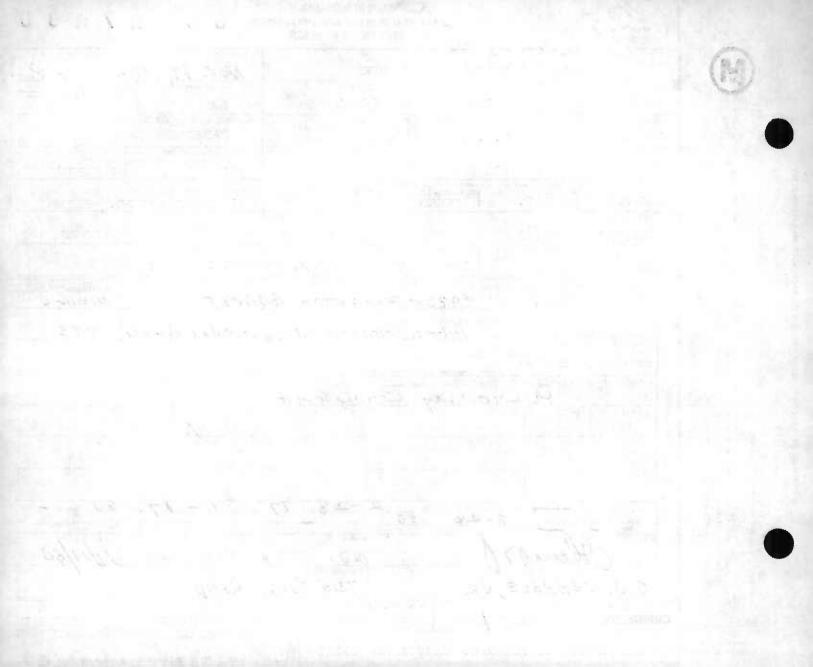
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					STATE OF MARYLAND		0 3
		1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 U	2/4/
1			CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	
AA)		MARGA		DUTTON		11-1-1067
		3 SE	Female	BLACK	5 DATE OF BIRTH MONTH JAH. 17, 1905	6. AGE (IN YEARS LAST BIR	HUNDER I YEAR IF UNDER 2 24 ME MONTHS DAYS HOURS MIN
72 hour	35	70 B	STATE OF FOREIGN SUNTRY) MAYGARO	16 CITIZEN OF WHAT COUNT		BALTIMORE CITY	or County of Death
by the fur ed within st be not	58	10 C	And Alls Town	11. NAME OF HOSPITAL, NUF	SING HOME OR OTHER INSTITUTION REEL PORESS O. Gey. 1705P.		TION 126. KIND OF BUSINESS COFWORKING LIFE) INDUSTRY
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es 1 and e medw			AS DECEASED EVER IN U.S. AR.		CURITY NO 17 INFORMANT	ADDR	216 New HUE
Page Page t, th			110	212-32	2-3342 Mrs. JAn	ice Johnson	1-010100
pers			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE			- 1/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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arbo 1, or			2507	DUE TO, OR AS A CONSE	DUENCE OF		,
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ple			PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	NDITION GIVEN IN PART 1199) 1 271
r to		Q	DIABETIC K	rellitus;			EDTIC BALDIO-VASCU
prio prio	a	IFICATION	190 DATE OF OPERATION	1% CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20e AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
giene pri 8 shows		TIFI	anne de la company de la compa	100 000 000		YES NO	YES \ NO \
- > -	U	CERT	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OC	CURRED (ENTER NATURE OF INJU	URY IN ITEM 18, PART 1 OR PART 2)
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and A arked		¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC) STREET	CITY OR TO	OUNTY STATE
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f He			saw the deceased alive an	11/1		nian death accurred on the c	date and haur and from the causes stated
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ould be detach that he State D PORTANT: I	-1		22d. PHYSICIAN'S NAME (TYPE OF		220 ADDRESS	1000000	_ / / 0
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3 2		23a I	URIAL, CREMATION, REMOVAL	23b. DATE 2	IL NAME OF CEMETERY OR CREMATO	DRYA 23d LOCATION	/
		(BurrAL	NOUS 1980	St. Lukes Ceme	ten Poiste	Stowe BALTED ME
		24 F	INERAL DIRECTOR	1 10		DATE REO D. BY REGISTRA	256. REGISTRAR'S SIGNATURE
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2b. HOUR LAST I. DECEASED NAME NOOT (TYPE OR PRINT) WALTER HERBERT DUVALL, JR. AGE (IN YEARS LAST RIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 1 SEX YEAR MONTHS OAYS HOURS Male. White 8 11 15 BALTIMORE CITY OR COUNTY OF DEATH Ja. BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED COUNTRY Maryland U.S.A. Baltimore County WIDOWED DIVORCED [IZE KIND OF BUSINESS OR INDUSTRY Fire Dept NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION IA CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE! IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] Baltimore Baltimore County General Hospital Balto, City Fireman USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13R STREET ADDRESS Ellicott City. 134 INSIDE CITY LIMITS? 3376 N Chatham Rd. Maryland Ellicott City NO 3 Howard IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST MIDDLE MIDDLE Kotmair Walter Duvall Jr. Eleanor Vienna Virginia 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? IS SOCIAL SECURITY NO 22180 IYES, NO OR UNKNOWNI 219-22-6757 Walter H. Duvall III 1011 Lynn ST. S.W. no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate cause 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NOL YES [712 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS 19 P.M 211 LOCATION 21 R PLACE OF INJURY 714 INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from, ~ o~ 30 19 80 saw the deceased alive on obove. (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED DEGREE 22h_SIGNATURE ATTENDING MEDICAL DIRECTOR | PHYSICIAN 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OF PRINT) OURMOTABBED 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 235 DATE CITY OR TOWN Maryland 12/3/80 Loudon Park Cemetery Buria1 Baltimore ABBALTO., Md. 21229 25% DATE RECOUNTY REGISTRATES RECOUNTY 24 FUNERAL DIRECTOR **DHMH-16 25M** Hubbard Funeral Home, Inc. 4107 Wilkens Avenue (VRA 15, 4) 1/79

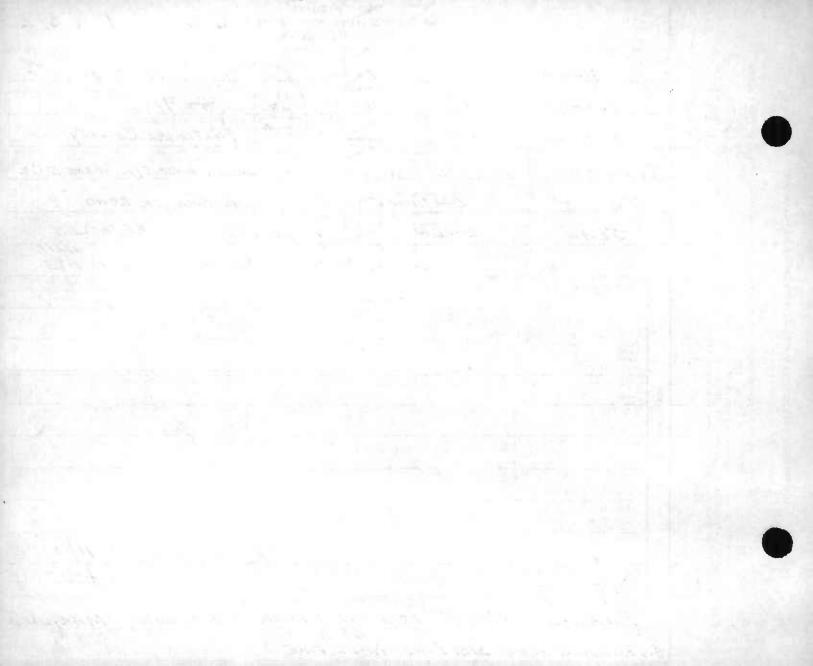




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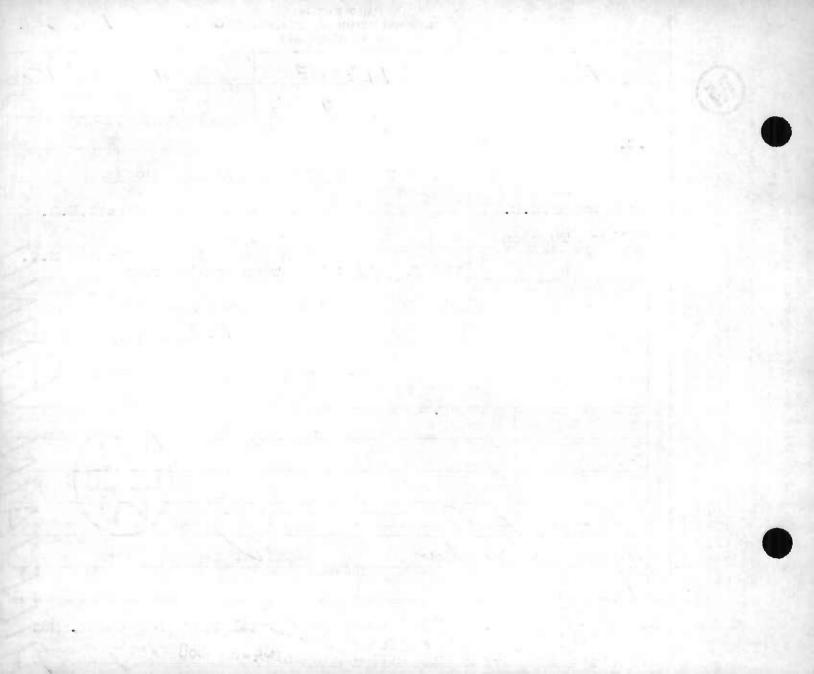
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V	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 7 4 8 2 CERTIFICATE OF DEATH
\	1 DECEASED NAME FIRST	REG. NO. MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
oy be oge 3 death	(TYPE OR PRINT) ANNE	45
moy r deg	3 SEX	4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
4	FEMALE	WHITE MONTH DAY YEAR 9/ YRS. MONTHS DAYS HOURS MIN
death. Pe	BIRTHPLACE (STATE OR FOREIGN COUNTRY) BALTA . Md.	16 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED & BALTIMORE CITY OF COUNTY OF DEATH WIDOWED DIVORCED DIVORCED MARRIED MA
The date of the control of the contr	TOWSON, IND	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NURLICY SEWING MACH. OPR. GARMENT CO.
212 hours d in the	JUSUAL RESIDENCE (IF NURSING HOM	BOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
4 E E	IND.	DUNTY 13d. INSIDECITY LIMITS? 13e. STREET ADDRESS YES NO 36/KESWICK ROAD 15. MOTHER'S MAIDEN NAME
completely and 2 si	JOHN	MIDDLE EARLIE CAMMILLE MIDDLE REYNOLDS
TIMORE,	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)
ADS, 201 W. PRESTON ST., BAL equires that the death certificate signed by the ottending physici Then please remove carbon paper to burial, cremotion, or removal. njury, or other traumatic event, th	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF PLEUMENT BY
AL RECOR	NO IT DATE OF OPERATION 218 ACCEPHT WAS UNDEFFUNDED.	IN. CONDITION FOR WHICH OPERATION WAS PERFORMED 266 AUTOPSYF IN CERTIFYING CAUSES OF DEATH YES IN NO. 10
N OF VITAL SICIAN. The ing physicio certificate h uriol-tronsit fem 18 show	construction and the construction	DEATH HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF MILES IN TEM IE PART 1 OR PART 2)
PHY tenditending the b	THE ITHER HOTHER MEDICAL EXAMP THE WORK IN NOTE AT WORK IN NO	28) P.M. 19 The PLACE OF INJURY (AT HOME STREET, PACTORY, OWICE RAMM, ETC.) THE LOCATION STREET CITY OR TOWN COUNTY STATE
TTENDI pital or TOR A for use of Heol	27s.1 certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did	pp ///7 19 00 had that in they apply death occurred on the date and hour and from the causes stated
TAL OR A RAL DIREC detached rote Dept.	72% SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED
HOSPI bined b FUNE ould be th the S	22d PHYSICIAN'S NAME IN	5 NEW 1EN 120 ADDRESS Linkwat Towson Md 21204
D € D € 3 € €	230. BURIAL, CREMATION, REMOV	VAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 123d. LOCATION CITY OR TOWN COUNTY STATE WOODLAWN, MARYEAND
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FUNERAL DIRECTOR G. TRUMWSCH	WAS 5/51 DALTO, NAT'L. PINE



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		STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
		OR PRINT) MACIE	WIDDLE	LILEDRE	20. DATE OF DEATH MO	1 - 28-80 10
(4)	3. SE		RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD)	
	7	emale	Black	MONTH - 9 - 03	・クク	YRS DAYS HOURS
72 100	C	OUNTRY)	LE CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
\$ \$/-/		TY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b KIND OF BUSINES
1 170			Manor Care	Nursing Home	Laundry	Worker
1 A D	USU. 13a	AL RESIDENCE (IF NURSING HOME OR COTATE 134 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 130 CITY OR TOWN	ADMISSION) N 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
\$ E//	14.54	Washington, D.	C.	YES NO	526 F	Street, N.E.
1000 and 2			IDDLE LAST	15 MOTHER'S MAIDEN N	WIDDLE	LAST
		William Towns			Dupree	10
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t Then please related by including the please related to the pleas	TION			DEATH BUT NOT RELATED TO THE TER		
Ede	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 2	OB IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO NO
ows ows		210 ACCIDENT WAS UNDERLYING	215. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	TITEM 18, PART 1 OR PART 2)
ansit per Hygiene 8 shaws		OR CONTRIBUTING CAUSE OF DEAT	"			
inal-transit per ental Hygiene Item 18 shaws			P.M.	19 21f. LOCATION		
burial transit per Mental Hygiene or Item 18 shaws	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEAT	"	21f. LOCATION	CITY OR TOWN	COUNTY STA
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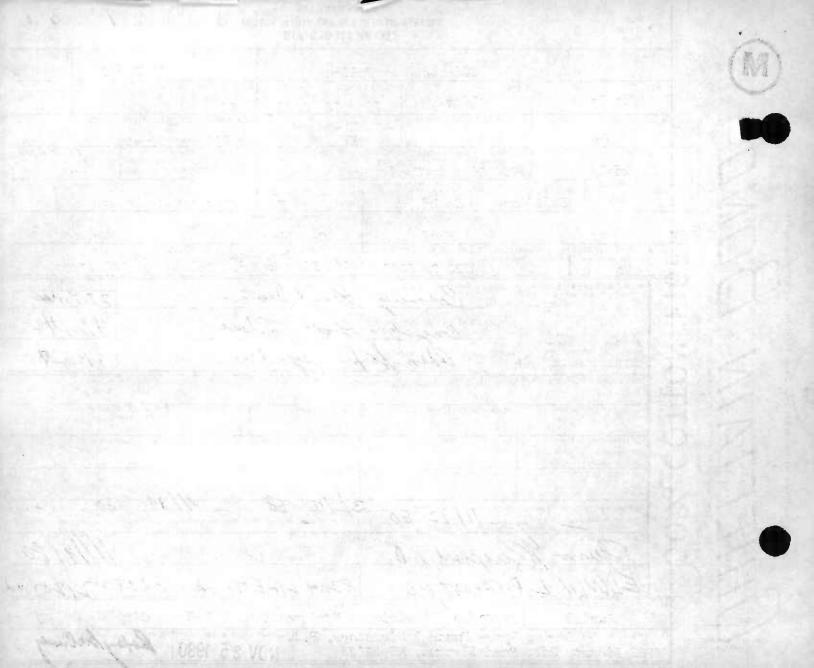
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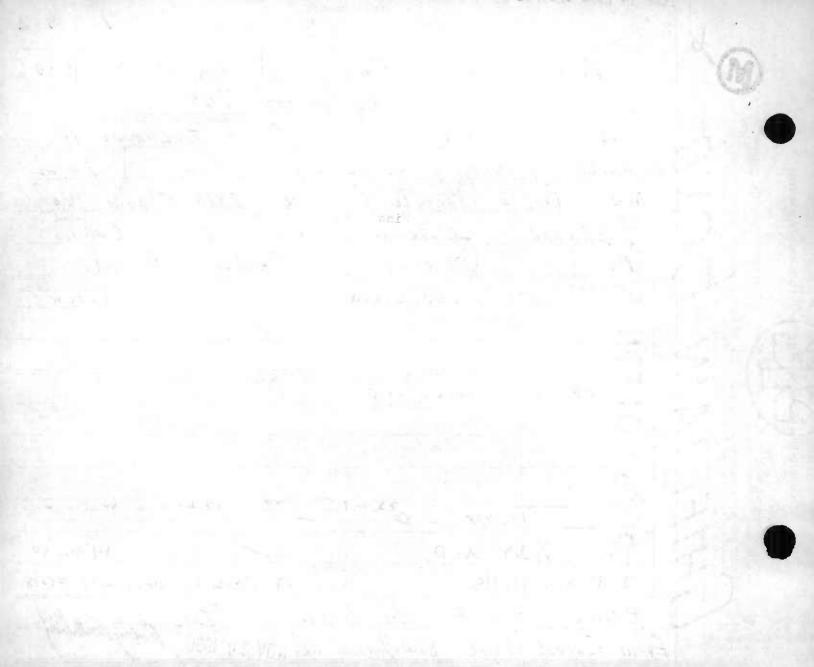
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	224. PHYSICIAN'S NAME H	YPE OR PRINT!			120 ADDRESS Mallow	Hel	lo Aus Bo	rOt.	mel	212	29
- (BURIAL, CREMATION, REMO				EMETERY OR CREMATOR		LOCATION CITY OR TOWN	DAT			Ď.
RU	RIAL	11/14	/80 Di	RUID F	RIDGE CEMETER	KY	PIKESVILLE	BAL	10 ,	- 11	M.

BP. DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR

230 BURIAL, (SPECIFY) BURIA

HUBBARD FUNERAL HOME 4107 WILKENS AVE.

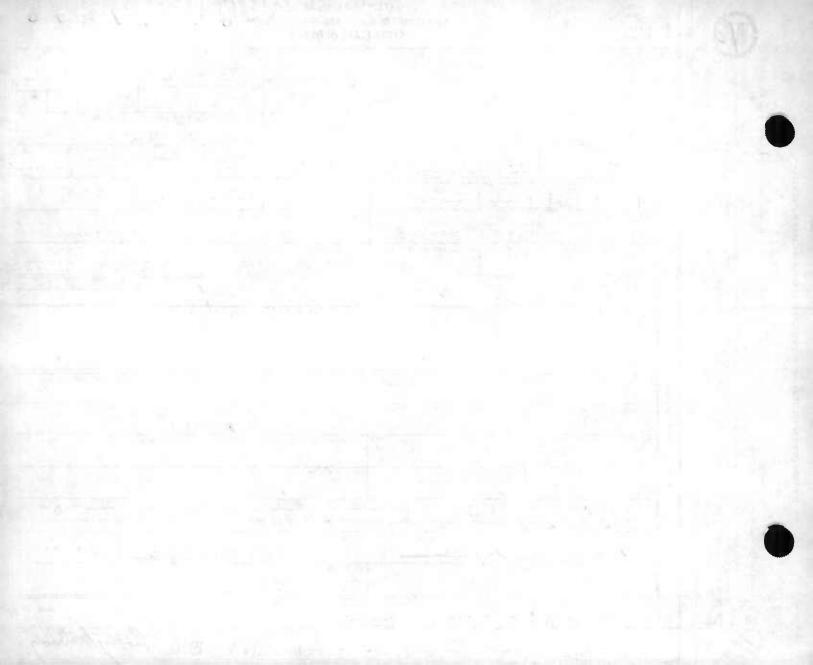
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7922 Wise Avenue, Dundalk, MD 21222

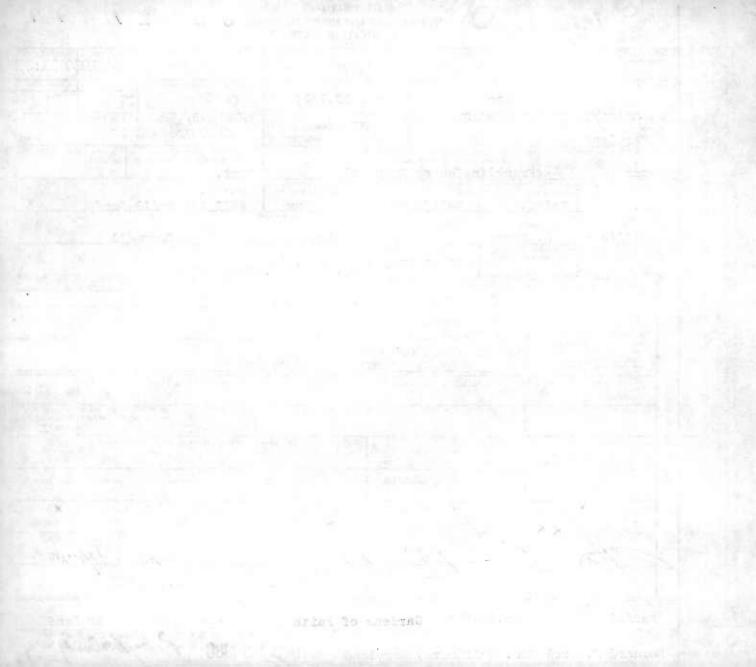
(VRA 15, 4) 1/79



Home. Inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME Stephen 20. DATE KNOWN thony TYPE OR PRINT OF ESTI-MOTHON 0100 24 1980 TEA 2, AND 3 TO THE FUNERAL DIRECTORS. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS I. RECORDS, 201 W. PRESTON STREET, HEN DEATH MATED 3. SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 0800 DEAD Male White 951 29 YRS 70 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. Baltimore County DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 170 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 61 8 Boiler Oper. Dundalk Gray Beth. Steel USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13e STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Dundalk Grav Place Maryland NO TO 1618 AND 2 SHOP 14 FATHER'S NAME SS AFTER DEATH.
GIVE PAGES 1, 2 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE FIRST Mark Flynn Elizabeth Ciesnolevicz PAGES 1 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 8405ss Kavanagh Road 166 SOCIAL SECURITY NO DIVISION IYES, NO, OR UNKNOWN No 216-58-4351 Sandra Flynn Balto. Md. IICAL EXAMINER ALONG WIT A BURIAL-TRANSIT PERMIT. P H AND MENTAL HYGIENE, DIN MATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY inhalalwn IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL-OF HEALTH AND MEN JRIAL, CREMATION, C fying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] TO MEDICAL EXAMINER: THIS CERTIFICATE SF EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BEI AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIQR TO BUJ 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR AM MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THIS CERTIFICE. WRITING THE MEDICAL 1080 21f. LOCATION STREET NOT WHILE AT WORK AT WORK 21227 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from: Notural causes Accident ACTUAL MEDICAL EXAMINER SIGNED EXAMINER'S NAME CROSSAN (TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL STATE /26/1980 Sacred Buria] Jesus Baltimore BP. MD 24. FUNERAL DIRECTO Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 256 **DHMH-17** Dundalk, MD. (VR A15 ME (5)) 15M 2/80

and the second second second second April 1860 1880 1880 1880 1880



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(M	8	
DIVISION OF VITAL RECURDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be examed by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the businelistrons of permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 hours ofter death	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF I	DEATH		REG. NO				
	EASED NAME OR PRINT)	PIII	LIP	J.	FOC	OTE		2a DATE O	FDEATH *		21	YEAR 80	26. HOUR
3. SEX	MALE		4 RACE CAUCA	ASIAN	5. DATE O		YE291	6 AGE (INY	EARS LAST BIRTH		IF UNDE	R I YEAR DAYS	IF UNDER 24 HRS HOURS MIN.
	THPLACE (STATE OF	FOREIGN	76 CITIZENO USZ	F WHAT COUNTRY?	MARRIED WIDOWE		MARRIED		IMORE				MD
	SEDALE	EATH		HOSPITAL, NURSIN			TITUTION		OCCUPATION FOR MOST OF			KIND OF	F BUSINESS OR
USUAL 130 ST MAI	RESIDENCE (IF NO	RSING HOME OR		ROSEDAT		13¢ INSIDE C	NO 🖸	13 STREET 7919	ADDRESS	LAND	AV	/E.	
	PHILLIP	A	AIDDLE	FOO'TE			S MAIDEN NAM	ME	WIDDLE		C	LEM	ENS
	AS DECEASED EVE		MED FORCES? WAR OR DATES)	21712330		FRAN		OOTE	7919	ROS			AVE.
	011	nmediate ling the se last	DUE TO,	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO CONTRIBUTION	NCE OF		/			ITION GIV	EN IN I	8/ 6/2 PART 1(0	80 80
CERTIFICATION	9a DATE OF OPER			DITION FOR WHICH	OPERATION	N WAS PERFO		20a AUTO					IGS USED OF DEATH? NO
EDICAL	216. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCU	CAUSE OF DEA	TH HOUR	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F	19	211 LOCATION STREET	ON	RED (ENTER NA	CITY OR TOW			PART 2)	STATE
	220.1 certify that (I) (this hospit	10	the deceased from 19 dy after death			19 <u>80</u>		ed on the do		r ond f	rom the o	
	22d. PHYSICIAN'S I	NAME STYPE OF	0.0000	duough	MA	220 ADDRES	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	PHYSICI	YINS		11/3	SIGNED P1/80
23a. BU	URIAL CREMATION	N, REMOVAL	23b. DATE	23c N		EMETERY OR	CREMATORY FAITH		ATION DR TOWN		COUNTY		STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR NAME

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	1	REGISTRAR			DET ANTA		ICATE OF DEATH		REG. NO.	East	Total Control	
		CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST	2a. DATE OF D	EATH M	ONTH D	DAY YEAR	26 HOUR
			Paul:	Ine	F.	For	vler		1	1 1	7 80	9:30P. M
	3. SE.	X		4 RACE		5. DATE O		6. AGE (IN YEAR	RS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		Whi	te	Sept	.21,1932 YEAR	48		YRS.	ONTHS DAYS	HOURS MIN.
1	70. BI	RTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	- 10 AUGUSTA ADAISE	9 BALTIMORE	CITY OR		OF DEATH	
5	Lo	gan W. V.			USA	WIDOW	D NEVER MARRIED DIVORCED	Balt	imore	e Cou	ntv	MD
-,	10 C	ITY OR TOWN OF D	EATH			G HOME C	OR OTHER INSTITUTION	12a USUAL OC	CUPATIO	N	126. KIND C	OF BUSINESS OR
6		Towson		Greate	r Baltimo	re Me	edical Center	TYPE OF MORKE	sewif	WORKING LIFE	INDUSTRY	
1	USU, 13a. S	AL RESIDENCE (IF NU STATE Md.	136 CBUI	Tto.	GIVE RESIDENCE BEFORE 13c CITY OR TOWN GLyndon	ADMISSION)	13d. INSIDE CITY LIMITS?	13e ST392	OreMan	itua N	Mill Ro	ad
d	14 FA	THER'S NAME		MIDDLE	LAST	-	15. MOTHER'S MAIDEN NA			12111	7	
D		Joseph	ח	MIDDLE	Sammons		Emma	Mc F	ärlan	10	1.A	ST
	16a. V	VAS DECEASED EVE		MED FORCES? /E WAR OR DATES)	215-28-8		Mr. Robert H	. Fowle:	ADDRESS r Sr.	_	yndon,	Md.
	z	Conditions, if on gave rise to in couse (a), stort underlying caus	y, which nmediote ing the ie lost	DUE TO, OI (b) DUE TO, OI (c)	Carcinoma R AS A CONSEQUE R AS A CONSEQUE DOTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE C	DR CONDI	TION GIV	EN IN PART I	01
	CERTIFICATION	19a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	SY?	20b. IF YES	, WERE FINDI	NGS USED
	RTIF							YES X N	10 🗆		X	NO 🗌
		216. ACCIDENT WAS UP OR CONTRIBUTING [(IF EITHER NOTIFY MED	CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATUR	RE OF INJURY	IN ITEM 18 P	ART OR PART 2)	
	MEDICAL	21d INJURY OCCUI	VHILE	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	c	CITY OR TOWN	٧	COUNTY	STATE
		22a I certify that (saw the decea pove, (I) (we)	sed alive an	11/	17	80	1 , 19 80 and that in (my) (our) opinion o	, to death occurred o	11/1/ an the dote	e ond havr		that (i) (<u>we</u>) last couses stated
		22W SIGNATURE	12	Ade	·		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	N X	22c DATE	SIGNED L-18-80
		22d. PHYSICIAN'S		OR PRINT)			22e ADDRESS		46.			+
		John	E. Ada	ams, M.D			6701 N. Char	les St.	Tows	son,	Md. 212	204
	23n P	LIPIAL CREMATION	I DEMOVAL	Tash DATE	122. A	LAME OF C	EMETERY OR CREWATORY	1224 LOCATIO	ON			

OHMH-16 30M 2/80 (VRA 15, 4)

should be detoched for use os the burial-tronsit permit. Then pleos with the State Dept. of Health and Mental Hygiene prior to burial, MPORTANT: If Hem 21 is marked ar Hem 18 shaws ony

Burial

Black Rock Cemetery

Butler, Md.

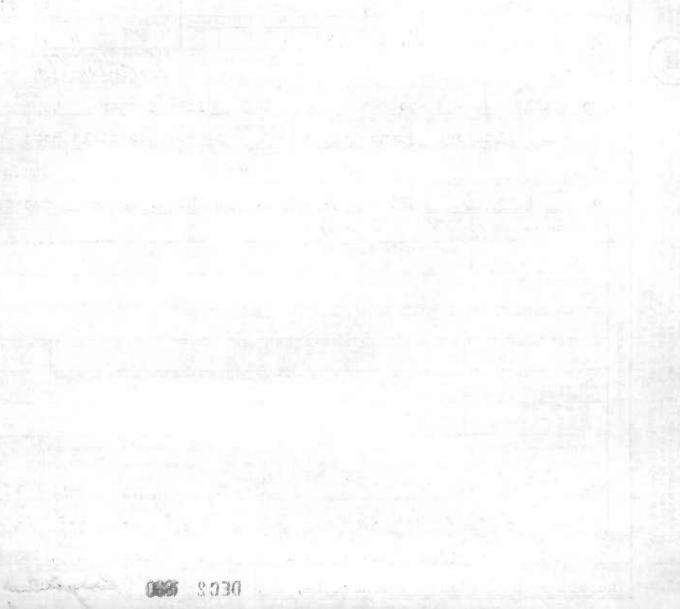
STATE

250. DATE REC'D. BY REGISTRAR 250 NOV 2 0 1980 Eline Funeral Home Reisterstown, Md. 21136

Nov.21,80

Scrippin EPIH Appin OSUFF AND ATTEMPT OF THE CONTRACTOR CO-CO-CO Tree sounds in France in Contract Edition religion of the control of the contr The region of the construction of the construc

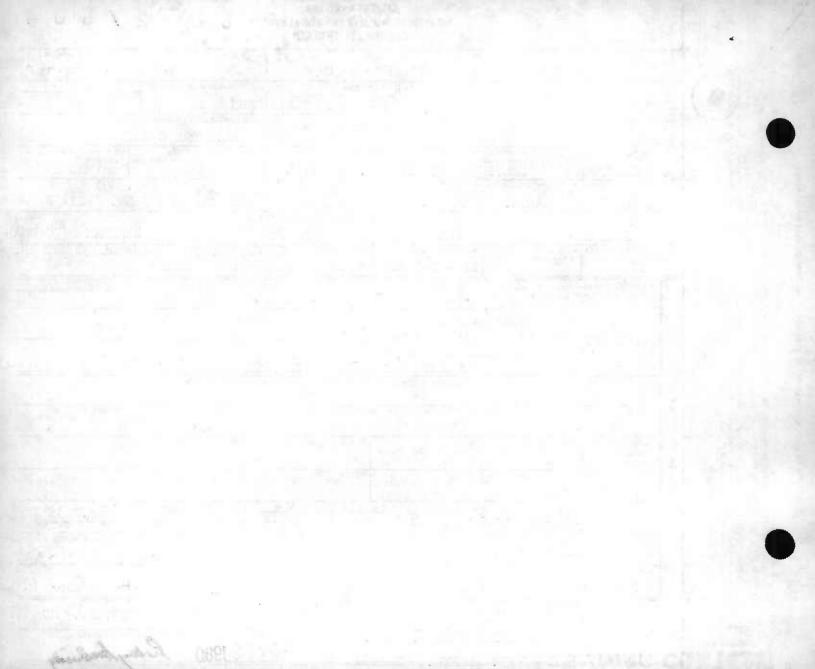
- 1		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	07502
	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2 1 3 0 4
		CEASED NAME FIRST	MIDDLE LAST 20. DATE KN	REG. NO. NOWN PANNIH DAY YEAR 26. HOUR_
	(TYI	e OR PRINT) Walte	OF I	ESTI- 11 28 0. 045
,	3. SE		5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20 DATE	MONTH DAY YEAR 24 HOUR
*	M	ale White	March 16, 1907 778s MONTHS DAYS HOURS MIN PRONOUNCE	11 78 195 & 85 M
1	Ta B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. BALTIMOS	RE CITY OR COUNTY OF DEATH
4	M	aryland	USA WIDOWED DINORCED DISCOL	tunose County Mo.
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPAT	GLIFE) OR INDUSTRY
1		atonsville	904 Woodsdale Road 21228 Tile Set	ter Construction
F	13a S	TATE 1136 COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 130. STREET ADDRESS	dsdale Road 21228
- Service		aryland Balt		dsdale Road 21228
3		FIRST	MIDDLE LAST TO A T	
	16a. \	LOUIS VAS DECEASED EVER IN U.S. AR/	Franck Margaretha	Stump
	{Y	es, no, or unknown) (IF yes, give	A 218-07-1706 Mrs. Dorothy C. F	ranck Same as # 13
	-		ly ane cause per line far (a), (b), and (c).	APPROXIMATE INTERVAL
		PART I DEATH WAS CAUSED	D BY:	BETWEEN ONSET AND DEATH
		4292	DUE TO, OR AS A CONSEQUENCE OF	1/
Ÿ.		Conditions, if any, which gave rise to immediate	(b)	
		couse (o) stating the <u>under</u> - lying couse last.	DUE TO, OR AS A CONSEQUENCE OF	
			(c)	
	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).	
	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
7	IFIC.			YES NO
-	CERT	21a EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY	
5		UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN	COUNTY STATE
	2	WHILE NOT WHILE C	JAMES CITORIOWN	COUNTY STATE
		22a. I certify that Took charg	e of the remains described above, held an Autopsy . Inspection . Inquiry	, and in my opinion
		death resulted from Natur	ral causes . Accident , Suicide , Homicide . Undetermined mann	er ,
		ACTUAL MANIA	(IAIWAN H TURISPECTEY)	11/20/VA
		SIGNATURE	M.D. Nathby MEDICAL EXAMIN	JER SIGNED /// LY/ 80
0		EXAMINER'S NAME	V. William Can a V stook al	1/2 NaVIDAY anse
27	230 B	(TYPE OR PRINT)	ADDRESS ADDRES	o they have up
	(3	Burial	12/1/80 Loudon Park Cemetery Baltimo	ore City, Maryland
	24. F	JNERAL DIRECTOR	25a. DATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
	Ma	.cNabb Funera	1 Home Catonsville, Md. DFC2 1990	This fire fire Break



6	+	TOF STATE REGISTRAR		DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		7 5 0 3
		CEASED NAME	FIRST	WIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
e ath	(1177)		Benjamin	H.	Franklin Jr.	November 29, 198	0 7:45P
1	3. SE		4. RACE		5 DATE OF BIRTH MONTH DAY YEAR		UNDER 1 YEAR IF UNDER 24 HRS
)	7. D	Male IRTHPLACE ISTATE ORF	74 6171751	white	1 1 1903	77 YRS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
826		OUNTRY)	OREIGN /B CHIZE	USA	MARRIE NEVER MARRIED	Baltimore County	
Amplified of		MD ITY OR TOWN OF DEA	(IF NOT			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Sales - Appliance	12b. KIND OF BUSINESS O
r must be	13a	al residence (if nur: State MD	sing home or other instr 136 COUNTY Baltimore	TUTION, GIVE RESIDENCE BEFO 13c. CITY OR TON VILLA N	WN 136 INSIDE CITY LIMITS?	13e STREET ADDRESS 4031 Raleigh Ro	
36		Benjamin	H_ullet	Frank	lin, Sr. Catherin	MIDDLE	Pugh
og physician and contracts. Pages I remaval.		NAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DAT		ACTA D Mrs.	Savilla Franklin Rd., Baltimore,	ML 21208
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one cau /AS CAUSED BY: IMMEDIATE CAUSE)	se per line for jai, ibi, a	erebrovascular acc		BETWEEN ONSET AND DEATH
	NO	Conditions, if any gove rise to immicause (a), stating underlying cause	nediate ng the lost	(b) TO, OR AS A CONSEQUE (c) NS CONTRIBUTING TO	JENCE OF DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	NIN PART 1(0)
shaws any injury, ar	CERTIFICATION	190 DATE OF OPERA	TION 19b C	ONDITION FOR WHICH	H OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES,	WERE FINDINGS USED NG CAUSES OF DEATH?
or Hem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH HOL	IME OF INJURY JR A.M. MONTH [P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T) OR PART 2)
3	MED	21d. INJURY OCCUR	HILE [7]	ACE OF INJURY ME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
y the hospital at after the RAL DIRECTOR. After the detached for use as the rote Dept. of Health and VI: If Item 21 is marked				1.4 1 1.6	Nov. 13, 10 00	Nov. 29,	that N (we) la
Item 21 is		220. I certify that No sow the decease abave, MJ (we) (c	9.7	. 29. 19	, and that in (May) (aur) apinion DEGREE	death accurred on the date and hour of	22c. DATE SIGNED
Item 21 is		sow the decease abave, Hi (we) (ed plive onNov	body after death. Geta Operation	DEGREE ATTENDING PHYSICIAN 270 ADDRESS ATTENDING PHYSICIAN 270 ADDRESS ATTENDING PHYSICIAN	MEDICAT STAFF DIRECTOR PHYSICIAN d Spring Lane. Ba	22c DATE SIGNED
ANT: If Item 21 is		sow the decease above, Mi (we) (s 226. SIGNATURE 226. PHYSICIAN SAL BURIAL CREMATION, SPECIFY) BURIAL BURIAL	ed olive on Novelid (elid est view the	29. 19. body after death. 19. body after dea	DEGREE ATTENDING PHYSICIAN	MEDICAT STAFF DIRECTOR PHYSICIAN Ld Spring Lane. Ba. 13d LOCATION Pikesville Ba	222. DATE SIGNED 1//30/gv 1to., Md.2121

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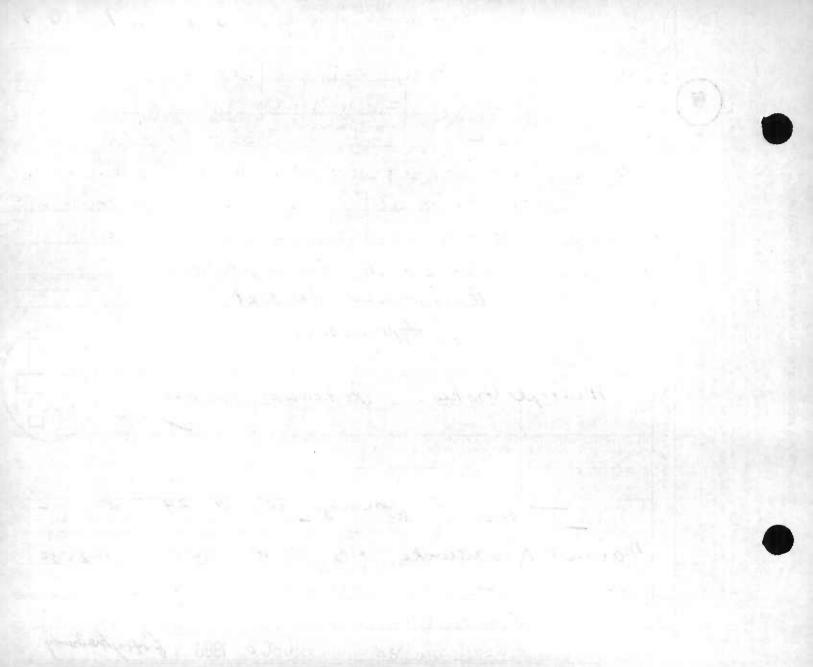
		1	FOR STATE REGISTRAR		DEPART	STATE OF M MENT OF HEALTH CERTIFICATI	AND MENTAL HY	GIENE 8 0	2	7 :	5 0
			CEASED NAME FIRST		MIDDLE	LAST	- >431	20 DATE OF DEATH		Y YEAR	26 HOUR
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de)	3 SE	FEMALE	1 RACE	Acion.	S DATE OF BIRTI	DAY YEAR 28 XXXI	6. AGE (IN YEARS LAST 0	MO	UNDER I YEAR	
d a to	51		RTHPLACE (STATE OR FOREIGN OUNTRY)		F WHAT COUNTRY?	10 3737	IEVER MARRIED	9 BALTIMORE CITY			
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of be no	55	-	ANDALLSTOWN	(IF NOT IN SI	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET MORE COUN	ADDRESS)		(TYPE OF WORK FOR MOST HOUSEW	OF WORKING LIFE)	126 KIND C INDUSTRY AT	OF BUSINESS HOME
neruna	25	13a	AL RESIDENCE JIF NURSING HOME STATE 13b CO	UNTY	134. CITY OR TOW RANDALI	N 1134 IN	SIDE CITY LIMITS?	5450 OLD	APT.	301	21133
cami		_	MARYLAND ATHER'S NAME	BALTO.	RANDALI		THER'S MAIDEN N		COOKI	W . "	21133
dice Le	30		JULIUS	MIDDLE	MILLER	13.70	FANNI	E		ormnań	
me			VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECT	IRITY NO. 17 IN	FORMANT MI	LTON FRANKE		OLD	COURT
th	1		NO		214-01-1	.032A R	ANDALLSTO	WN, MD	21133		
ny injury, or		NO	couse (0), stoting the underlying cause lost. PART 2 OTHER SIGNIFICAN	(c)_	Sever	Perilo		MINAL DISEASE OR CO			
shows a	2	CERTIFICATION	19a DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOPSY?	200. IF YES, V IN CERTIFYIN	NG CAUSES	NGS USED S OF DEATH?
irked or Item 18 sho			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINI	SEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR	OW INJURY OCCU	RRED (ENTER NATURE OF IN	URY IN ITEM 18, PART	1 ORPART 2)	
marked or		MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	E OF INJURY TREET, FACTORY, OFFICE, I	211 LG	OCATION STREET	CITY OR T	NWC	COUNTY	STATE
em 21 is n			220.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did	on	9 - 19	20	24- 19 8 0 in (my) (our) opinion	n death occurred on the	date and hour a		that (I) (we)
with the State Oept.			27b. SIGNATURE	glary		DEGRE	ATTENDING	MEDICAL ST	AFF ICIAN 🔯	22c. DATE	SIGNED 19180
MPORTAN	1		DIZ . S. Z	-	EL	270 A	bl. Cou	uts ber	. Hos	P,	Randa
N N		23a	BURIAL, CREMATION, REMOVA	11/1:	1/80 I	BETH JACO	RY OR CREMATORY B	TPNKSB	URG 4	CARROL	L MD
H-16 25 15, 4) 1/		24 F	UNERAL DIRECTOR SOINAME		ON & BROS		111	TE REC'D. BY REGISTRA 1 2 1980	R 25b. REGISTRA	R'S SIGNA	TURE



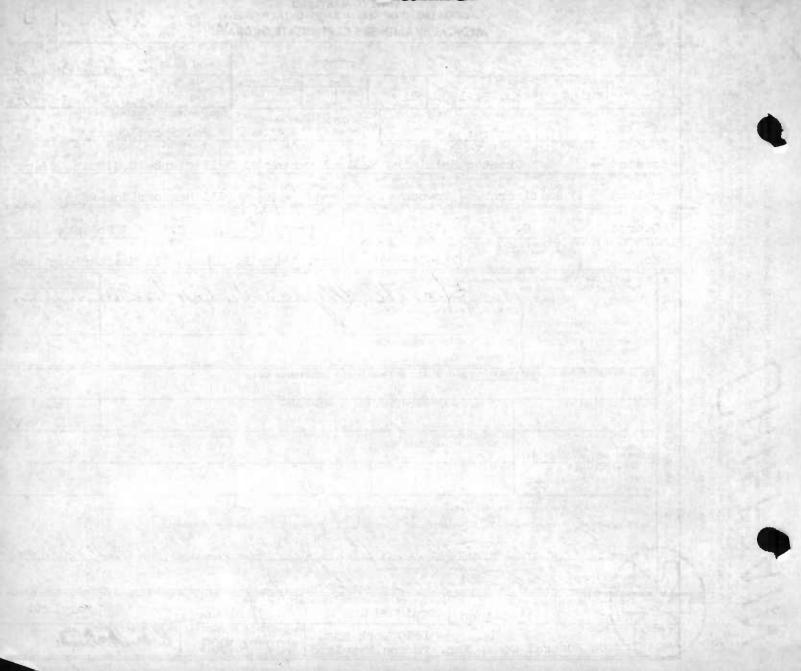
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and co	7		VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SE		17 INFORMANT	ADDF		
vsician and bers. Pages oval.	~		NO		213-74	-45as	Robert Goldsn	ith 3908 N.	Chas. S	St 21218 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TO FUNI should be with the			William G				5006 Roland			//
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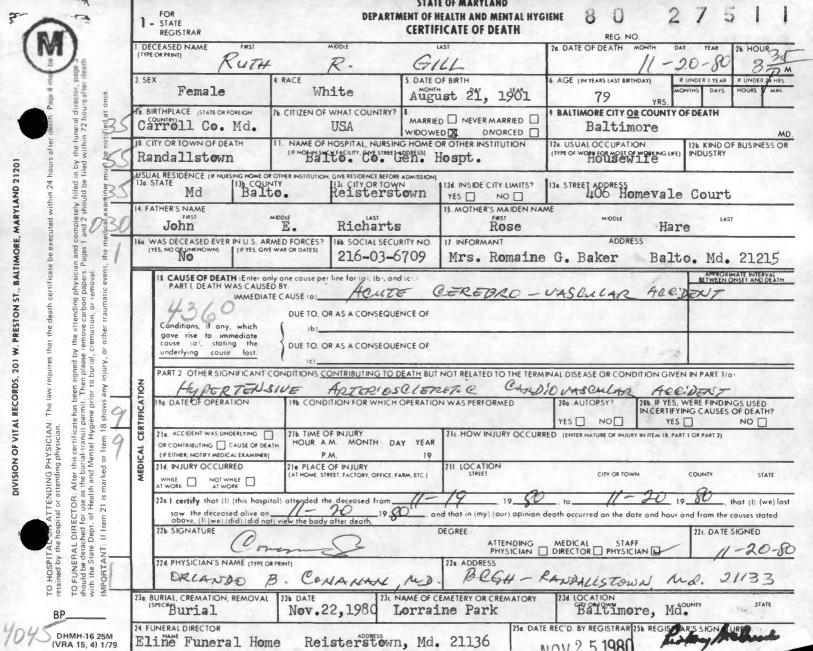
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the furth d with	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME O	R OTHER INSTITUTION	12a. USUAL OCCU		126. KIND OF	BUSINESSO
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IREC Pept.		226 SIGNATURE	1 /		DEGREE			22c. DATE SIG	GNED
the hospital AL DIRECTOR etoched for u te Dept. of He : If them 21 is		Marien C	Kovaleu	mb;	MA ATTENDING	MEDICAL DIRECTOR PH	STAFF	11-26	Cn
TO FUNERAL D should be detoc with the Stote D MPORTANT: If	1	22d. PHYSICIAN'S NAME (TYPE	OR PRÍNT)	V/CC	22e ADDRESS	E DIRECTOR 11	TOCIAIT	11123	, 80
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reformed by the hospital of TO FUNERAL DIRECTOR. A should be defloched for use with the Stote Dept. of Heal IMPORTANT: If hem 21 is m	22-	HRICH C.	KOWALSWS	Las NAME OF CO	13604 H	ARFORD PY 123d LOCATION	KOHD	1	
	730	BURIAL, CREMATION, REMOVAL		MAME OF CI	EMETERY OR CREMATOR	236. LOCATION		COUNTY	STATE
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16 30M 2/80	24 F	UNERAL DIRECTOR		DDRESS	. DE	DATE REC'D. BY REGIST	KAR 256. RESISTRA	AR'S SIGNATUR	cooley
RA 15, 4)	LV	ANSFUNERA	LCHAP2L &	BUO HAR	FORDROUL	C 2 1980	2	7	1



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-MITCHELL E. GIBSON DEATH MATED 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCE Male White Feb. 9, 1909 71 DEAD TE CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED Mary Tand U.S.A. Baltimore County WIDOWED _ DIVORCED _ 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Greater Baltimore Medical Center Towson RR Mail Clerk- U.S. Post Office USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland Towson 611 Meadowridge Road NO X 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE OFLIT George G. Gibson Nancy S. Schwarz 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. DIVISION YES, NO. OR UNKNOWN) Mrs. Alice B. Gibson 611 Meadowridge Road No 212-34-5936 18. CAUSE OF DEATH (Enter only one cause per line fay (a) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF NO W 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211, LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autapsy and in my opinion deoth resulted fram: Accident Notural causes Homicide PAGE 4 SILL TO FUNERAL DI AFTER DEATH, A DATE SIGNED EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Pikesville Maryland Druid Ridge Burial 11-6-1980 BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1050 York Road **DHMH - 17** VR A15 ME (5) Ruck Towson Funeral Home, Inc. Towson, Maryland T5M 7/77





10157 Avent 21, 1901 et THE LAND Has Polco. In mayele Court ... - Holeser B'ENT 221-0 -739 | 175 | 10 | 141 | 1 | 122 | 13 | 141 | 12 | 134 | 132 | 134 | 132 | 134 | 132 | 134 | 132 | 134 | 132 | 134 | 132 | 134 | 132 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 | 134 .uk .wast.led Sarienternal URE, S.vo. Jeine File Figure How Delice No. 2116

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FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO 20 DATE OF DEATH MONTH 2b. HOUR 7:05Pm November 03,1980 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR YFAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Clerk-Dixie Co. INDUSTRY 3216 Taylor Avenue MIDDLE ADDRESS APPROXIMATE INTERVAL

CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 1.651 TYPE OR PRINTI Glaeser Walter Sr. 4. RACE 5. DATE OF BIRTH Feb. 9, 1915 White Male Je. BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maruland USA WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Catonsville House in the Pines Catonsville MOUAL RESIDENCE (IF NURS INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE Baltimore 13d. INSIDE CITY LIMITS? Md. YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Martha L. Glaeser George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Walter Glaeser Jr. 3216 Taylor Avenue 212-18-7736 no 18 CAUSE OF DEATH (Enter only one cause per line for all (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 20b. IF YES, WERE FINDINGS USED PW CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY IN CERTIFYING CAUSES OF DEATH? de YES [NO [21n. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital attended the deceased from , and tho in (my) (our) opinion death occurred on the date and hour and from the causes stated EGREE 77c DATESION ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN. 779 PHYSICIAN'S NAME (THE OF HINT 22e ADDRESS 5404 East Drive, Baltimore, Md. 21227 erbert J. Levickas, MD 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

Oak Lawn

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

Baltimore,

COUNTY Md

Burial Nov.6.1980

250. DATE REC'D. BY REGISTRAR 256 REA

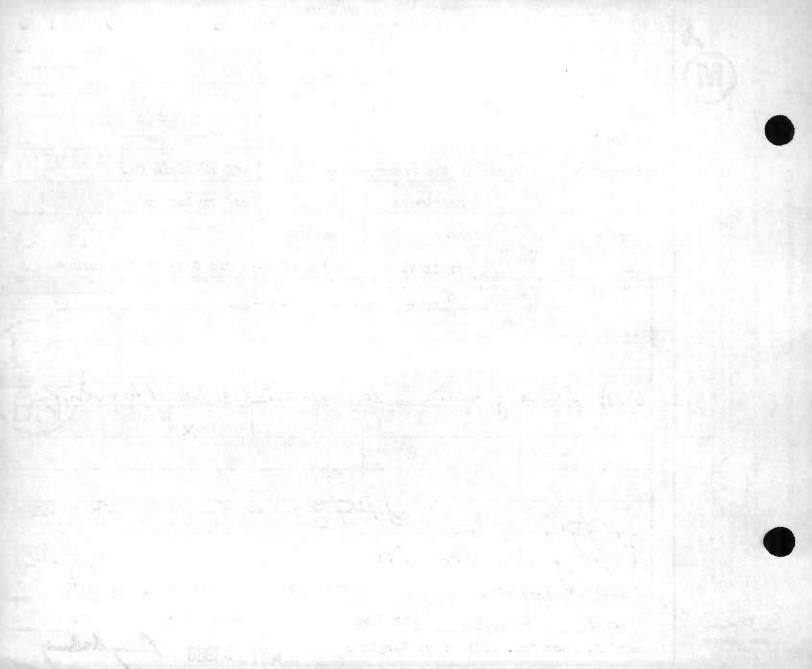
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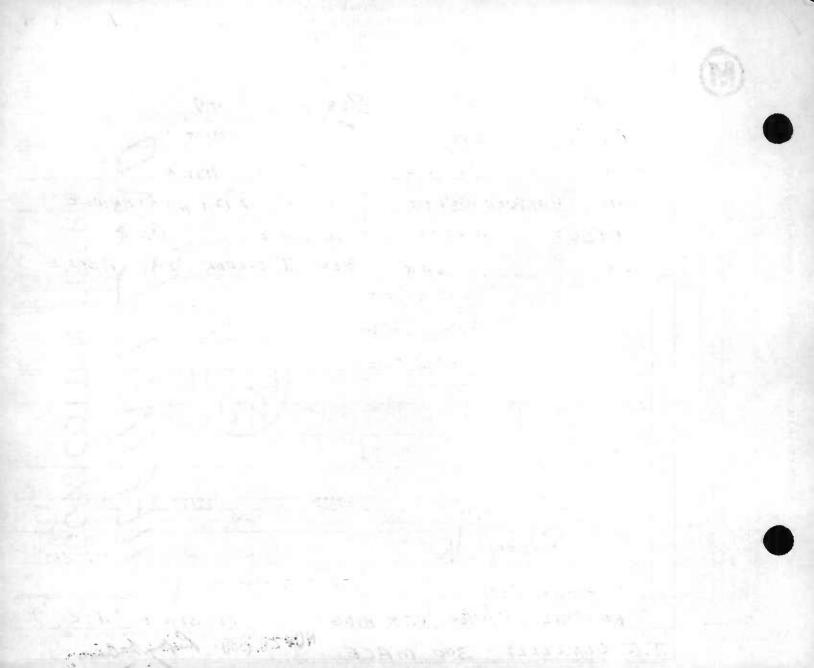
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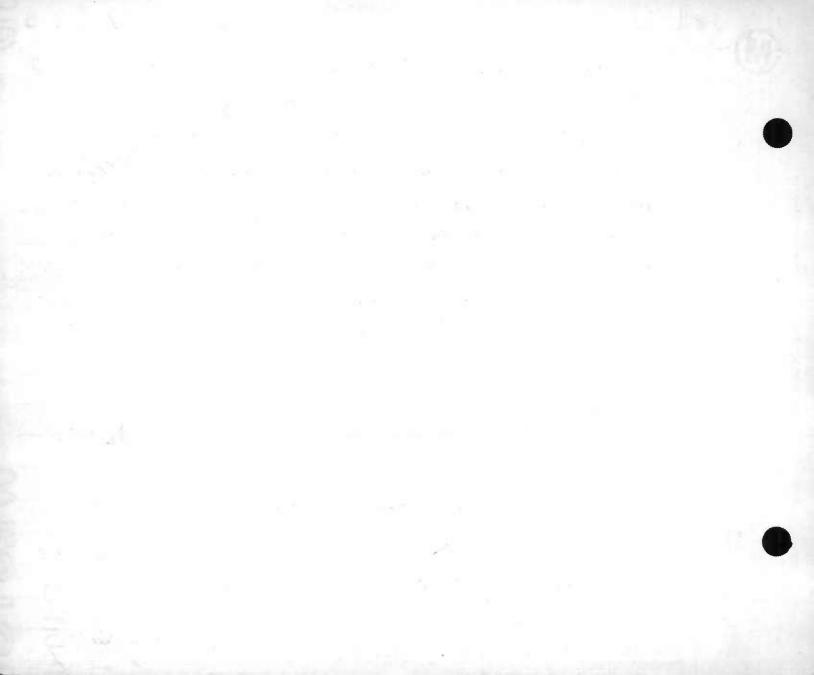
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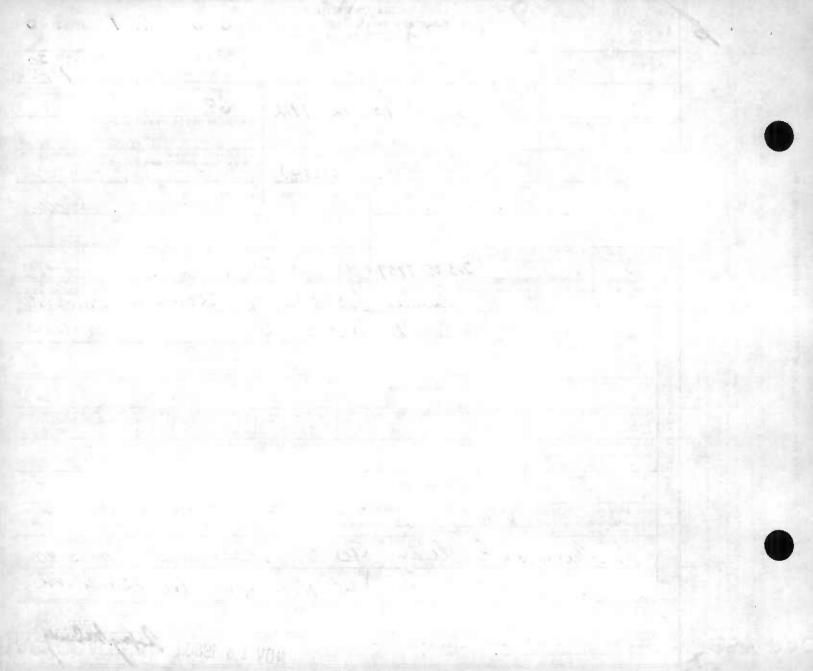
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Leonard J. Ruck Inc. Baltimore; Maryland









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S13-13-0-0 Caroline F. Inna 291 Louis No. City of the party CONTRACTOR OF charlysts muscom annother antiques offer vegat integral

Ruck Towson Funeral Home, Inc. Towson, Md 21204

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Raltimore Md

STATE OF MARYLAND

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	{TYF	E OR PRINT)	WILL	IAM	н.		GOWLA	ND		OF ESTI-	15	4-10-80	1/58
	3. SE	(RACE	5. DATE OF BIRTH		6. AGE (IN YE	ARS IF UNI		R 24 HRS. 2c.	-	MONTH	DAY YEAR	2d. HOUR
		Male	Cauc.	2/24/19	27	53 YI	711014111	DAYS HOURS	MIN PR	DE AD	Lembo	25,080	1/15
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35		ltimore	, Md.	U	SA		WIDOWI			BALT	IMORE (COUNTY	MD.
7	10. C	TY OR TOWN O	FDEATH	11. NAME OF HOSE	PITAL, NUR	RSING HOME	OR OTHE	RINSTITUTION		OCCUPATION		126 KIND OF BU OR INDUST	JSINESS
6		Towson		Greater	Balto	o.Medi		enter	Cha	irman	:)	Printi	ng Co.
5		AL RESIDENCE (II TATE Md.	FIN NURSING HOWLE	OTHER INSTITUTION, GIV ITY		OR TOWN		13d. INSIDE CITY LIMITS? YES X NO C	/ / 7	ADDRESS 3 Harco	ourt Rd		-50
	14. F/	ATHER'S NAME		AMPONE .				15. MOTHER'S MAIL	DEN NAME	DDIF			
0		FIRST	John I	Gowland		LAST		FIRST	Margar	et Boyn	nton	LAST	
	16e. V	VAS DECEASED	EVER IN U.S. AR		16b. SOC	IAL SECURIT	Y NO.	17. INFORMANT		ADD	RESS	4	
A		LS, 140, OR OTHER TOWN	(IF TES, GIVE	WAR OR DATES)	214	-24-82	99	Mrs. Alic	ce L. G	owland	4413	Harcourt	Rd.
		18. CAUSE OF	DEATH (Enter an	ly ane cause per line	far (a), (b),	, and (c).)	E H					APPROXIMAT BETWEEN ONSE	E INTERVAL
		PARTIDEA	TH WAS CAUSE	D BY: TE CAUSE (a) Di			neurv	sm of the	aorta			BEIWEEN ONSE	T AND DEATH
	-	441	0	DUE TO, OR							- 11		
			, if any, which to immediate	(b)									
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		lying couse	1031.	(c)								- 04	
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	MEDICAL	21d INTURY OF	CURRED	21e. PLACE C	FINJURY	(AT HOME,	21f. LOC					0.0000	- STORES
Ì	×	WHILE AT WORK	NOT WHILE C	STREET, FACTO	JRT, FARM, ET	C.)	ST	REET	C	ITY OR TOWN	C	OUNTY	STATE
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×I,		death resulted	from: Natur	ral causes	Accident	, sy	eide .	Homicide	Undeterm	nined manner [240	0
1		8	21.				and)	THE (SPECIFY)	1			11/	/
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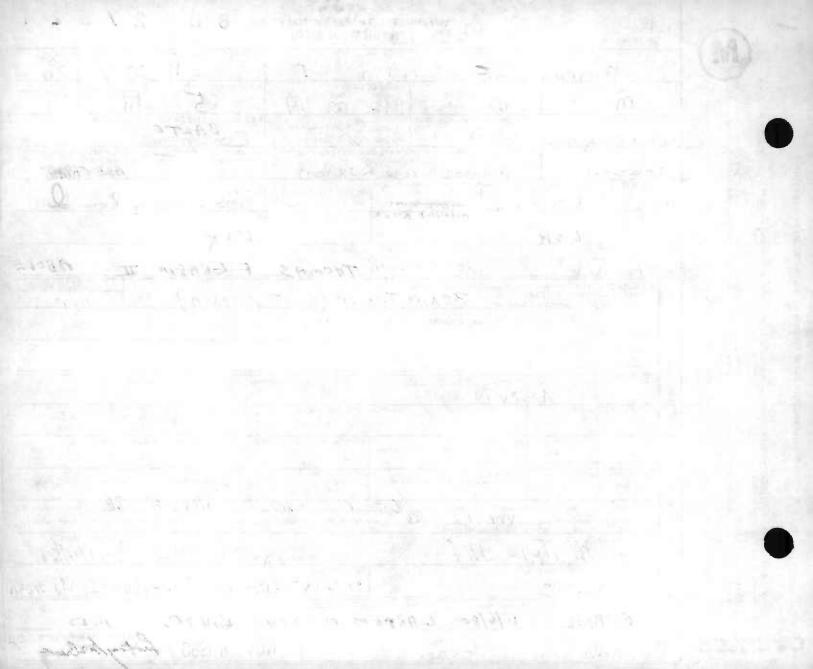
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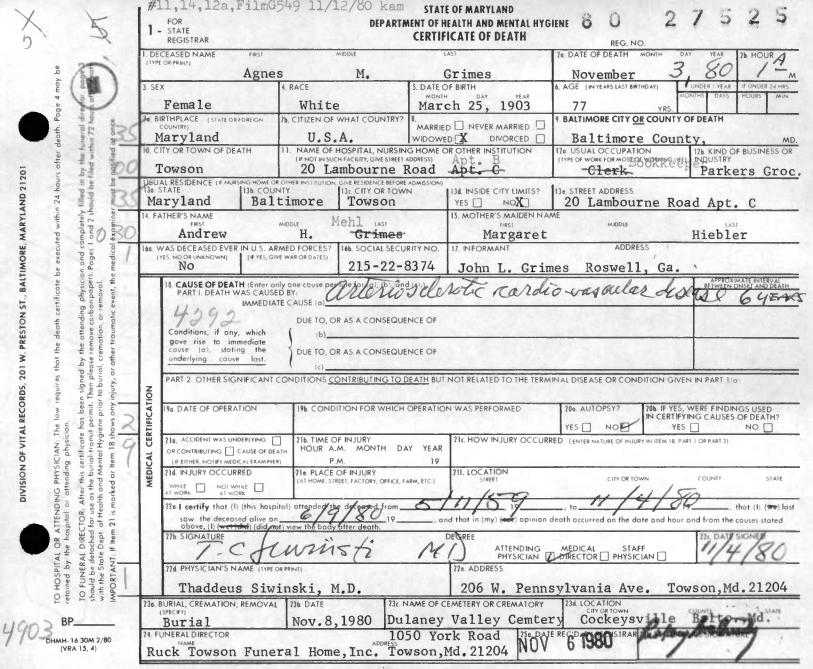
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1	(BA)	L	REGISTRAR		ICATE OF DEATH	REG. NO	
/	(IVI)	1. DE	CEASED NAME FIRST	WIDDLE	LAST	2R DATE OF DEATH	ONTH DAY YEAR 2b. HOUR
	8.	1	Momas	F Grilly	n I	1	0380 2A M
	b b	3 SE	X 4 1		OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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	hound in P		IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	D NEVER MARRIED	BALTIMORE CITY OF	
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	五 5 年 天)	10.0		NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATIO	
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WQ.	anc and and ages		YES, NO OR UNKNOWN) (IF YES, GIVE WA	234-12-6525	THEMALE	E FRICE	IN TO ABOVE
5	ician rrs. Pr al.	=		ine cause per line far (a), (b), and (c),	1 /1/2/11/3	7 (1/1)	APPROXIMATE INTERVAL
60	physicia papers. emoval.		PART I. DEATH WAS CAUSED B	Y	MOR (GLIUBE	I ASTAMA)	BETWEEN ONSET AND DEATH
1 ST	death cert ending ph carbon pa on, or rem traumatic		MMEDIATE C	AUSE (a) 17 AIN /C	MON CULIVIN	-193101017	7 7 7 7
PRESTON	deal tend carl on, trau			DUE TO, OR AS A CONSEQUENCE OF			
SE SE	the at move emati		Conditions, if any, which gave rise to immediate	(b)			
3	by the eren	1	underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
201	ned by heast urial ury,	1		(c)			
DIVISION OF VITAL RECORDS, 201	requent sign	z	PART 2 OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR COND	IIION GIVEN IN PART IIO
Ö	law beer Thrior sam	18	190 DATE OF OPERATION	TINE CONDITION FOR WHICH OPERATION	NI WAS DEDECTRATED	70a AUTOPSY?	206. IF YES, WERE FINDINGS USED
<u>a</u>	The shas ermit the pi	5	THE DATE OF OPERATION	THE CONDITION TOR WHICH OFERATIO	WAS TERFORMED		IN CERTIFYING CAUSES OF DEATH?
TAL	an. cate vgie	CERTIFICATION	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURR	YES NO	YES NO
2	physician physician is certific ial-transit ental Hy		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	THE HOW HAJORT OCCORR	ED (ENIER NATURE OF INJURY	IN IEM IS, PART I ORPART 2)
0	H de lis	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	THE LOCATION		
Sio	0 5 5 5 5 S	1 8	21d INJURY OCCURRED	21s. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	COUNTY STATE
N	0 1 0 1		AT WORK AT WORK			\$ 1.70V	
	TEN Or a Use a Heal Heal		22a.l certify that (I) (this hospital)	1/1 N 1 /. 1	19 80		19 8 , that (I) (we) last
	ALCH AT he hospital AL DIRECT tached for te Dept. of T: If Item 2		saw the deceased alive an_ above, (I) (we) (did) (did nat) v	ew the body after death		leath occurred on the do	te and haur and from the causes stated
- 4	DIR Ched Dept		226. SIGNATURE	~ 200	DEGREE ATTENDING >	MEDICAL STAF	22c. DATE SIGNED
	SPITAL OFF by the host by the host ERAL DIR e detached State Dept TANT: If It		YIM all	1, MN-	PHYSICIAN (X	MEDICAL STAF	
	HOSPIT.		274. PHYSICIAN'S NAME (TYPE OF PR	Nt)	22R ADDRESS	010	- 121
	TO HOS		13. MATOS		21 CRANBRO	OLY KU. (01	KEYSVILLE, MA. 2103A
	or reta	23a.	BURIAL, CREMATION, REMOVAL	736 DATE 23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
451			BURIAL	11/6/80 GARPE	FAS OF FAITH	1 1/ 1/ 00-6	Ta.
	DHMH-16 25M	24 F	UNERAL DIRECTOR	ADDRESS		REC'D. BY REGISTRAR	Sb. REGISTRAR'S SIGNATURE
	(VRA 15, 4) 1/79	(ennelly	ESSEX	N	UV 6 1980	perfry Mabrelly
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5	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	2 7	7 5	26
Y deoth	(TYP	CEASED NAME FIRST POSEPH		x,	ROSS		MONTH DAY		26 HOUR 4:15PM
S S S S S S S S S S S S S S S S S S S	3. SE	x Male	4 RACE White	S. DATE C	DF BIRTH	6. AGE (IN YEARS LAST BIR 81	THDAY) IF U	INDER I YEAR	HOURS MIN.
within 72 hay	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Hungary	76. CITIZEN OF WHAT COUNT	TRY? 8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH LO. CO	· MD
1 56	В	TOWSON OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES 6701 N. CH.	ARLES	GBMC STREET	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Forger		INDUSTRY	BUSINESS OR 1 Mfgr.
completely filled in ond 2 should be lossed in ond 2 should be lossed in one of the complete o		AL RESIDENCE (IF NURSING HOW OR STATE Md. A.A	OTHER INSTITUTION, GIVE RESIDENCE BY 13c CITY OR Pasade	SEFORE ADMISSION	13d. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS 78 Crilley	Rd.		
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	14. F/	Joseph	Sallana Sallana	a	is. MOTHER'S MAIDEN NA Kathryn	WE		Gross	
corbon papers. Pages 1, or removal.	160 \	WAS DECEASED EVER IN U.S. AR/ YES NOOR UNKNOWN) (IF YES, GIVI		SECURITY NO. 9-2497A	17. INFORMANT Self	ADDRE	SS		
prior to buriol, cremation ony injury, or ather traun	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE	STATIC EQUENCE OF		INAL DISEASE OR CONI	20b. IF YES, W	/ERE FINDIN	GS USED OF DEATH?
Hygie 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURE	YES NO ENTER NATURE OF INJUI	RY IN ITEM 18 PART I		NO []
ked	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		214 LOCATION STREET	CITY OR TO	·WN	COUNTY	STATE
Dept. of He		22e. I certify that (I) (this haspit saw the deceased alive on, above, (I) (we) (did) (dta) not 22b. SIGNATURE		19, ar	d that in (my) (aur) opinion of the determinant of	, 10	FF	22c. DATE S	
should be deto with the State IMPORTANT: If		DR. P.J.		45-2	220. ADDRESS GREATER BA		10.797		
v 3 ₹		BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	23b. DATE 11/12/1980		emetery or crematory Mount Cremator	23d LOCATION CITY OF TOWN Baltimon	re "	очиту Ма	ırylämd
A 2/80 4)		uneral director alter Brooks Bra	adley Inc., Du	hdalk Mo	21222	PRECID. BY REGISTRAR	25b. RECISTRAR		Tready

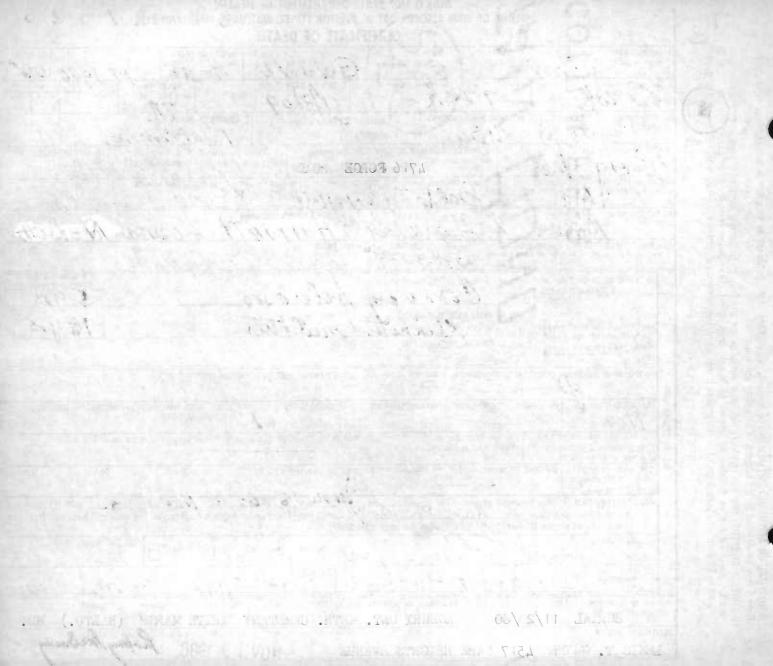
STATE OF MARYLAND

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00		FOR STATE	11/12/80 kam DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8-0 2	7521
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Me)		OR PRINT)		GROSS		4 80 1:4
4	3. SE.	MIRI	AM K.	Is DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR OF UNDER 24
	3. 31.	Female	White	MONTH DAY YEAR NOV. 24, 1921	E0	MONTHS DATS HOURS A
	le: B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	9 BALTIMORE CITY OF COUNTY	Y OF DEATH
:36	1	Maryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COU	
	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS
56	I T	OWSON	6701 N. CH	ARLES ST., GBMC	Homemaker	Own Hor
			OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13e STREET ADDRESS	
135				erville YES MOX	300 Merrie H	unt Drive
E ~		ATHER'S NAME FIRST	MIDDLE LAS	haus IS. MATHER'S MAIDEN I		LAST
30		Charles		phus Berth		Zentgraf
dico	16a. \	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G		SECURITY NO. 17. INFORMANT	ADDRESS	Carro
e			only one cause per line for (a), (I		iam N. Gross	Same
, ar athe	7	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS	SEQUENCE OF	rminal disease or condition giv	VEN IN PART 1(0)
vs any injury	FICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	Y IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
shows any injury	ERTIFICATION				YES NO YE	FYING CAUSES OF DEATH
29	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH	I DAY YEAR	Y IN CERTI	FYING CAUSES OF DEATH
7		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21a. PLACE OF INJURY	I DAY YEAR 19 211 LOCATION	YES NOW IN CERTIL YES URRED (ENTER NATURE OF INJURY IN ITEM 18.	FYING CAUSES OF DEATH ES NO PART 1 OR PART 2)
7	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	21b. TIME OF INJURY HOUR A.M. MONTH	I DAY YEAR 19 21f. HOW INJURY OCC	YES NO YES YES NO YES NO WILLIAM IN CERTIL YES URRED (ENTER NATURE OF INJURY IN ITEM 18.1	FYING CAUSES OF DEATH ES NO PART 1 OR PART 2)
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21 is marked or Item 18 shaws any injury		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this has saw the decased alive o	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, O	I DAY YEAR 19 21t. HOW INJURY OCCI 19 21t. LOCATION STREET 10 10 10 10 10 10 10 10 10 1	YES NO YES YES NO YES NO WILLIAM IN CERTIL YES URRED (ENTER NATURE OF INJURY IN ITEM 18.1	FYING CAUSES OF DEATH ES NO PART 1 OR PART 2) COUNTY STA
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H Hem 2 1 2 morked of them		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this has saw the decased alive a glove, (1) (we) (did) (did in 17b. SIGN ATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, o itial) attended the deceased f in 101 view the body after death.	FFICE, FARM, ETC.) 21f. HOW INJURY OCCI 21f. LOCATION STREET TOM 19 0 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	YES NOT IN CERTIL YES NOT IN CERTIL YES CITY OR TOWN CITY OR TOWN To 10 10 10 10 10 10 10 10 10 10 10 10 10	FYING CAUSES OF DEATH ES NO PART 1 OR PART 2) COUNTY STA 19 that (I) (we our and from the causes state
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		1	MARYLAND STATE DEPARTMENT OF HEALTH	
17	12		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201	5 2 8
6	3	L	CERTIFICATE OF DEATH	
ŧ	# 2 - # - # - # - # - # - # - # - # - #		ECEASED-NAME Lost 20. DATE OF DEATH Type or print) Month Dov	2b. HOUR
deo	and 2 death		Type or printy John S. GWAN II- Month Doy	1690 WOOM
fer	2-2	3. 5		FUNDER I YEAR IF UNDER 24 HRS.
S	=(B)		776 706 1113109 lost birthday) YRS. M	ONTHS DAYS HOURS MIN.
ag.			BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 1.	
24 1	P 0		"1001414 WIDOWED DIVORCED DIVO	Md.
1.5	filled pape thin 7	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done give street oddress)	12b. KIND OF BUSINESS OR
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	and campletely fremave carban	1	12 cty file 4716 FORGE ROAD CUSTERIAM GOVESTON	INDUSTRY
pe	campletel ave carb	13a	USUAL RESIDENCE (Where deceosed lived, if institutions Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY	
ecut	E & & 55		Ma. Pack Hurty Hall 18 4716 torg.	2 Rd
e ×	physician. signed by the attending physician and camplets burial-transit permit. Then please remave carl burial, crematian, ar removal, and to any event,	14.	FATHER'S NAME First Middle Lost DIS. MOTHER'S MAINER MAME First Middle	Lost
) be	lease and a		MOSES - GWYNNAY HATTIELT LOUISA	Nelson
cate	physician nen please loval, and	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dottes of service) Address Address	
1	phy	-	Davin RIGIDE TIME ZEWIS IS WUNNIN	
9	attending p permit. The ian, ar remo		18. CAUSE OF DEATH (Enter only one couse per line-for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
leat	mit.		MMEDIATE CAUSE (a) COROL MENTE CAUSE (b)	\$ 1725
96	attend permit. ian, ar		DUE TO, OR AS A CONSEQUENCE OF	10
=======================================	the nati		conditions, if only, which gove rise to immediate couse (o). (b) Thankitto milkely	18 900
¥ S	by trar cre		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	<i>i</i> /
ires	physician. signed by th burial-transit burial, crema	1	last. (c)	
edu	sig bul bul		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
Wilding	affending physician. has been signed by se as the burial-tra ih prior ta burial, cre	NO	10. DATE OF OPPORTUDING THE CONDITION FOR WHICH OPPORTUDING STREETING TO A MILE OF THE OPPORTUDING THE OPPORTU	
e c	as b as b as pric	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSTANT CAUSES OF DEATH?	SIDERED IN CERTIFYING
Ė.	alte h	ERTI	NONE TEST NOT	
NA S	fical for He		OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year	n 18.)
SIG	by the haspital or the this certificate be detached far u state Dept. af Heal	MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	
F	sic of the property of the pro		While Not while \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	County Stote
25	y th er tl e de ate		22a. I certify that (I) (this haspital) attended the deceased fram	*
2	Aft Aft e Stee		saw the deceased alive an 19 500 and that in (my) (aur) apinian death occurred an the date	and hour and from the
E S	Oul ou		causes stated abave, (1) (we) (did) (did nat) when the bady after death.	and noor and train the
U Z	be retained DIRECTOR: A 10 3 should ed with the		22b SIGNATURE 22c. DAT	TE SIGNED
	ed Ge		THE THE STATE OF T	117/80
IZ	RAL Po Po Po		22d PHYSICIAN'S NAME (Type) 22e. ADDRESS TO THE PROPERTY OF TH	46 1100
O HOSPITAL	Page 4 may be retained by the haspital or attending IO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the shauld be filed with the State Dept. af Health prior to	00	CHIPORD IN TRUJUN FURD, PHIREXITY, IN	1/8/71
H	Sha sha	230	REMOVAL (Specifyl	(County) (Stote)
1//2	2	24	FUNERAL DIRECTOR ASBURY UNT. METH. CEMETERY WHITE MARSH (B	BALTO.) MD.
4113	VR A15 (4) 45M - 1/69		LEWIS T. GWYNN 4517 PARK HEIGHTS AVENUE DAILED 1980	Medresly



M	Ĺ	FOR STATE REGISTRAR		STATE OF MARYLAND RETMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	27529
e de pe	I. DE	CEASED NAME FIRST	RICK	· HAAS	20. DATE OF DEATH MONTH	/27/80 3:45F
ge 4 moy ector, pog rs offer d	3. SE	× M	Laucasion	5. DATE OF BIRTH MONTH DAY 1908	6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
nerol dir.	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT		BALTIMORE CITY OR COUN	ITY OF DEATH
s ofter d		TOWS ON	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S BMC 6701	RSING HOME OR OTHER INSTITUTION REET ADDRESS! N. CHARLES ST.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) 126 KIND OF BUSINESS (INDUSTRY Crown Level
filled in language be found be for a filled in language be	13a.	AL RESIDENCE (IF NURSING HOMEOF STATE 136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE B NTY 13c. CITY OR 1	OWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS. Clu	inton St.
mpletely ond 2 sh	14. F/	ATHER'S NAME CHU STONI	MIDDLE LAST	15 MOTHER'S MAIDEN NA	Imene alle	ratariasi
n ond co		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL S	ECURITY NO. 17. INFORMANT	Hann 816 &	Clerton II.
equires that the death cer signed by the attending Then please remove corbo to buriol, cremation, or re njury, or other traumatic e	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	CARCINOMA TON	IGUE	GIVEN IN PART (10)
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OR he he		27b. SIGNATURE	in un	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED
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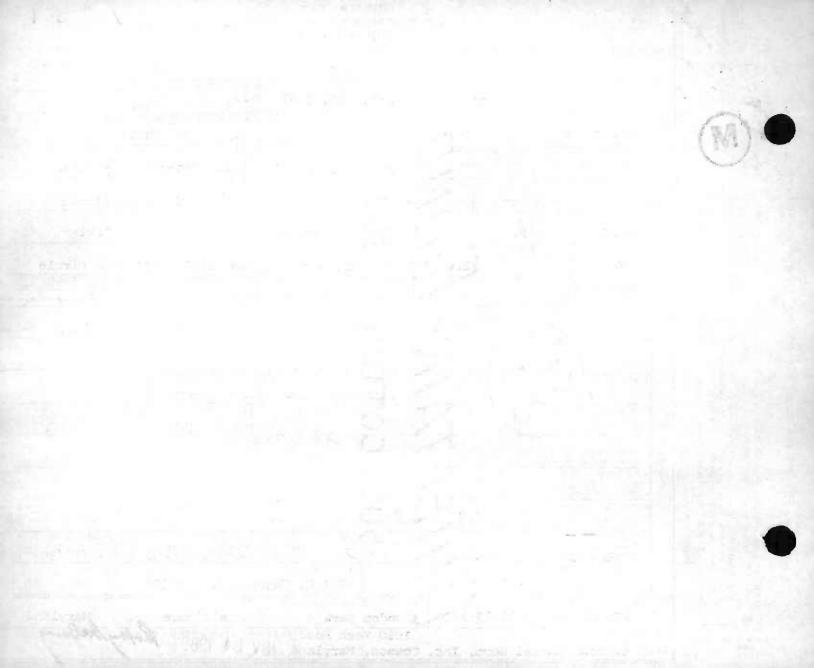
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STATE OF MARYLAND

STATE OF MARYLAND



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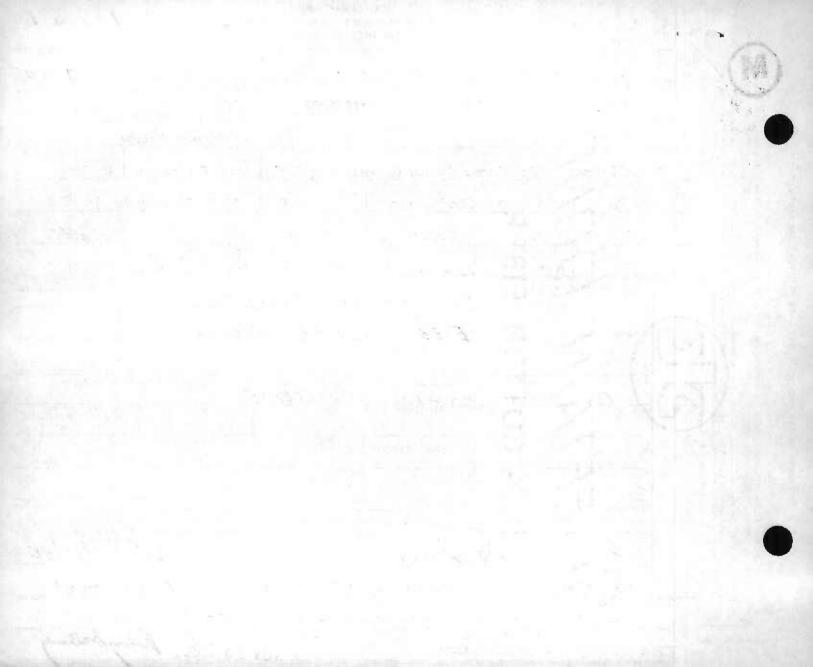


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Witzke Funeral Home of Catonsville, P.A. 21228

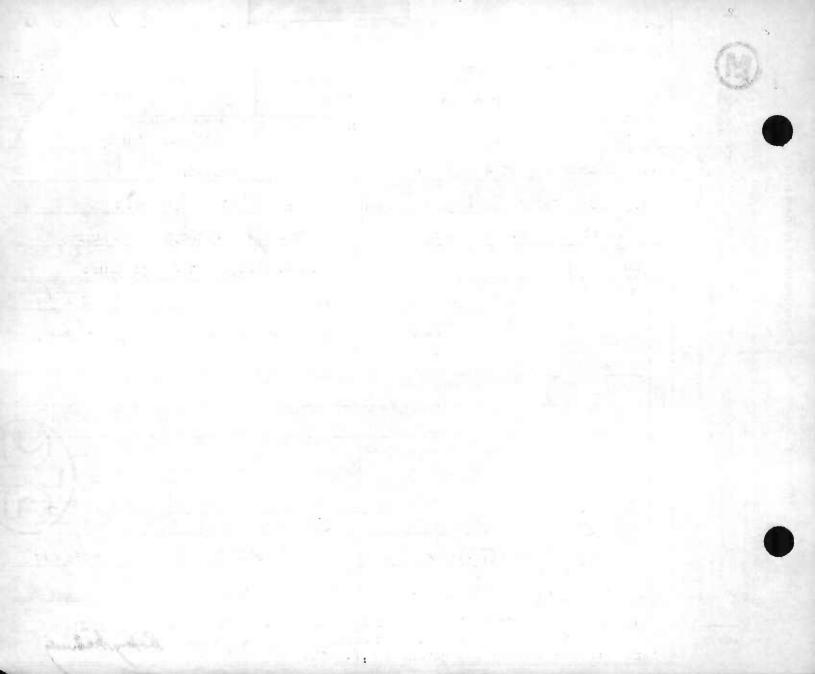
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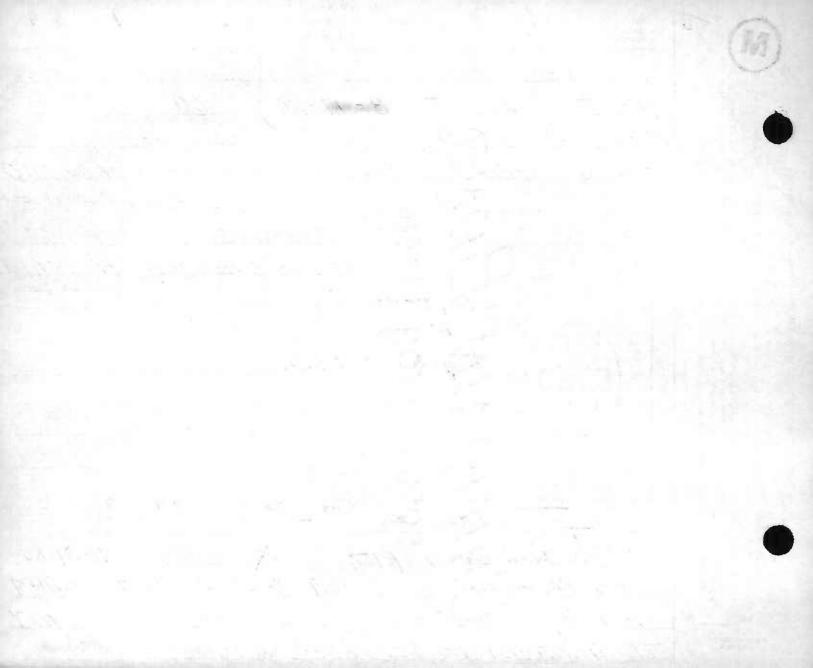
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



10	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 0	2 7 5	3 9
)		ECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONT	H DAY YEAR	2b. HOUR
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M 2/80	24 6	UNERAL DIRECTOR	ADDRESS.	4015 134.0	ATE REC'D. BY REGISTRAR 25b. R	EGNTRAR'S SIGNATU	DE
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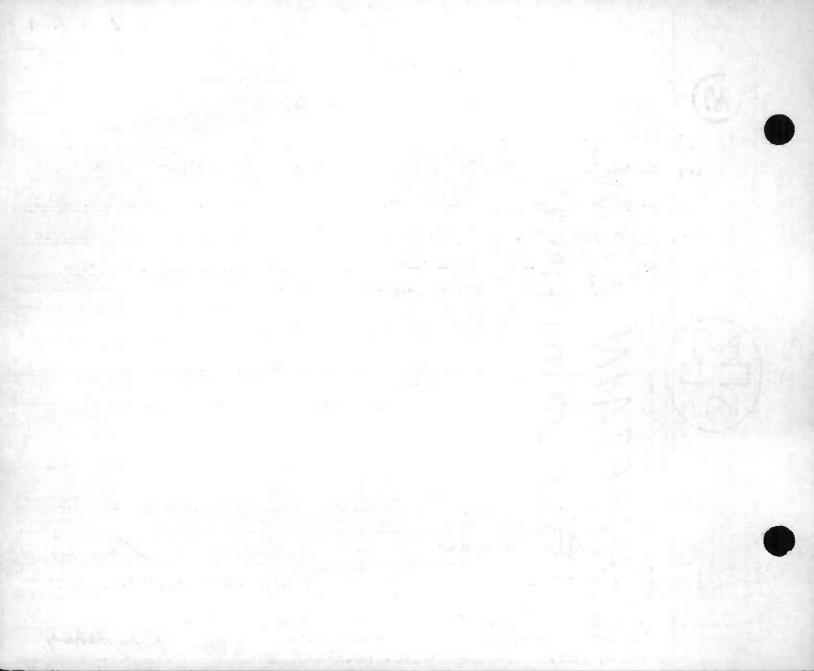


STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE OF DEATH MONTH 9:15P Wallace (TYPE OR PRINT) В. HARRIS November 28, 1980 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS April 29. 1906 Caucasian Male Baltimore County of DEATH Baltimore County To. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY MARRIED TO NEVER MARRIED Virginia USA WIDOWED DIVORCED [O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OF Supervisor Railroad Square Hospital Franklin Baltimore 404 S. Clinton St.,21224 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Maryland YES IX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hamilton MIDDLE Lula Blundon Harris 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO. 17. INFORMANT Hilda Harris, wife, same address 714-03-4057 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per card to Respiratory Arrest IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Large Cell Carcinoma of Lung gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX NO [21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) 220.1 certify that XI (this haspital) attended the deceased from Navember 28 19 80 . to November 28, 1980 , that x1 (we) lost sow the deceased alive on November .80 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, XI) (we) (did) (diX 661) view the body after death 22b. SIGNATURE 22¢ DATE SIGNED DEGREE MPORTANT: IF Should be detoo November 28'80 DIRECTOR PHYSICIAN TO 22d PHYSICIAN'S NAME (TYPE OF PRINT) 77e. ADDRESS Mukhtar Khan, 9000 Franklin Square Dr., Balto., MD 21237 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a, BURIAL CREMATION, REMOVAL Baltimore Md. Burial /2/80 Oaklawn Cemetery 3331 Brehms Land Date RECD. BY REGISTRAR 256 BY STRAR'S STATURE 4 24 FUSCHTMühek Funeral DHMH-16 30M 2/80 (VRA 15, 4) Balto Md 21213

Home. Inc.



1	1	FOR - STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 U	27542
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(CIVI)	3 SE		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	
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2 19 s	20 €	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEATH
1 11 12	>	Maryland	U.S.A.	WIDOWE	DIVORCED	TOLICOL	Balto. County MD.
of the series	B	ALTIMORE	11. NAME OF HOSPITAL, P NOT IN SUCH FACILITY, GIV 6701 N. CH	ARLES S	GBMC TREET	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemaker	
AND 212	130. Ma	AL RESIDENCE (IF NURSING HOW OF OUT	ROTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY O	E BEFORE ADMISSION) IR TOWN imore	13d. INSIDE CITY LIMITS? YES [X] NO [13e STREET ADDRESS 319 Broxto	n Rd. 21212
3100 3100 3100 3100	14.F	ATHER'S NAME FIRST Horton	Gaffney	AST	15. MOTHER'S MAIDEN N Anna	AME	(unknown)
ORE, or		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIA	L SECURITY NO.	17. INFORMANT	ADDRI	SS
TIMO		√o (a test	212-3	4-7515	Mr. C. Brook	ks Harryman,	same as #13e
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the deoth certificate be executed within 24 hours of other this certificate has been signed by the attending physician and compared within 24 hours of the certificate has been signed by the other doop poper. Place and 2 hourd be fit and Mental Hygiene prior to buriol, cremotion, or removal.	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (1) a DATE OF OPERATION	DUE TO, OR AS A CON (b) MY DUE TO, OR AS A CON (c)	OCARD I A	L INFARCTI		DITION GIVEN IN PART HOT 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TALR The I	E					YES NO	YES NO
PHYSICIAN: The properties of the certificate the buriol-transified Mental Hygind of them 18 she	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTEY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M. MONT	19	216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	
DIVIS ING P Affer a bas the orked	2	AT WORK NOT WHILE	(ATTIONE STREET, FACTOR),	OFFICE, FARM, ETC.)			
TTEND priod or TOR: A for use of Heol			ital) attended the deceased 11/03			, 10	19_80_, that (I) (we) last one ond hour and from the couses stated
HOSPITAL OR A med by the hosp function of the hosp function of the State Dept.		22d. PHYSICIAN'S NAME (TYPE	- Cely	Du.	ATTENDING PHYSICIAN	MEDICAL STAI	FE IAN
TO HOSPITAL retoined by to TO FUNERAL should be det with the Store		DR. JAMES				ALTIMODE N	MEDICAL CENTER
With West	220	BURIAL, CREMATION, REMOVAL		Tas, NAME OF C			ILDICAL CLNILN
017BP	230.	SPECIFY) Cremation	236. DATE 11-5-80		Park Crematory	CITY OR TOWN	re Maryland
110		UNERAL DIRECTOR		1050	York Rd . 250. DA	ATE REC'D. BY REGISTRAR	WAREGISTRAP SIGNATURE
DHMH-16 30M 2/80 (VRA 15, 4)		ck Towson Fune	ral Home, Inc	Towson	,Md.21204NOV	6 1980	wifty Melindy

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20		1 -	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG	REG. N	2	7 5	4 3
			CEASED NAME FIRST Theodo	re J.	HART	KA	November	28, 19		26 HOUR 1:42p M
(III)	3. SE)	Male	4. RACE White	5 DATE	DF BIRTH 25 1915	6 AGE (IN YEARS LAST BIR	MO	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
uneral dine hin 72 h	5		RTHPLACE (STATE OR FOREIGN OUNTRY) aryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIE WIDOW	DENEVER MARRIED	Baltimore city of Baltimore			MD.
by the filled with	1	R	ossville	II. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET Franklin Squ	are	Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126. KIND O INDUSTRYT Owne	avern r
within 24 hou letely filled in d 2 should be- miner must be	5	130. S Ma	RESIDENCE IF NURSING HOME OR TATE 136 COUNTY Bal	other institution, give residence before 13c. city or tow Dundal	VN	YES NO NO		Battl	e Gro	ve Rd.
E S &C	30		Adam	MIDDLE LAST Hartk		15. MOTHER'S MAIDEN NAME FIRST Bertha	MIDDLE			rczik
icion and compers. Pages 1 on			No	E WAR OR DATEST	6070	17 INFORMANT Fran 7339 New Ba			Sale	MD. 21222 MATE INTERVAL DISSET AND DEATH
requires that the death certificate be a signed by the ottending physician. Then please remove corbon papers, portaburial, cremation, or remaval.		NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) Extension TO right DUE TO OR AS A CONSEQUE	To p To p Tung	leura mediasti Acute myocard Notrelated to the term	num with me lial infarct	etastas tion,		11
hos be r permit ene price	1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		200 AUTOPSY? YES NO NO	IN CERTIFYI YES		GS USED OF DEATH? NO
NOING FILESCHAIR: IT are attending physicis are as the buriol-transit dealth and Mental Hygis is marked or Item 18 ships is marked or Item 18 ships are as the buriol-transit	200	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA IFF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MALE AT WORK 22g.1 certify that XIX this hospit	P.M. 21e. PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE. (a) Office decosed from	19 FARM, ETC 1	216 HOW INJURY OCCURI 211 LOCATION STREET 80	City or to NOV.	OWN 28, 19	COUNTY	STATE
by the hospite ERAL DIRECTO te detached for State Dept. of 1 ANT: If them 21	1		saw the deceased alive an obove, (IN we) (and (IN No.) 22b. SIGNATURE	y yiew the back after death A Booke R PRINT!	80。	nd that in (My) (aur) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA DIRECTOR PHYSIC	CIAN X	220 DAJE:	8/80
BP MH-16 30M 2/80		24 FU	URIAL, CREMATION, REMOVAL SPECIFY Burial INERAL DIRECTOR Duda-	12/2/1980 St Ruck, Inc.	. St	Inc	23d LOCATION CITY OF FOWN Baltimer FRECO. BY REGISTRAR C 2 1980	ore	DRIVE,	SATIMANI Jarylano
(VRA 15, 4)		7	922 Wise Ave	nue Dundalk,	MD.	21222 UL	U W 1300	E-CHILD	/	

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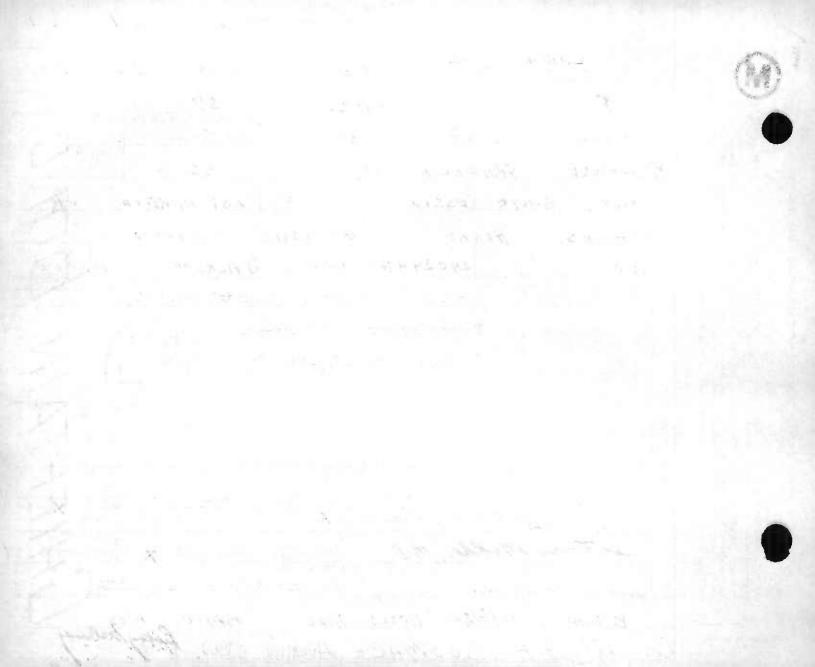
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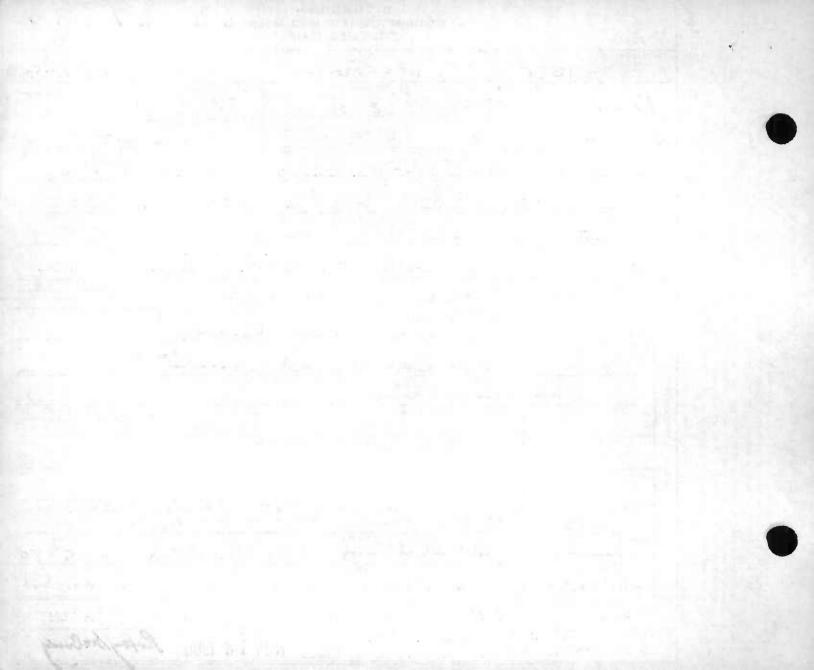
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12	FOR		ATE OF MARYLAND FHEALTH AND MENTAL H	VOIENTE ()	7 1 1 1 6
30	- STATE REGISTRAR		NER'S CERTIFICATE	A.	1340
	DECEASED NAME PIRST	WIDDLE	LAST	20. DATE KNOWN TX MO	ONTH DAY YEAR 26 HO
L	WILTO		HEDRINGTON	DEATH MATED	11 21 19 80
3. S		5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTH		MIN: PRONOUNCED	NTH DAY YEAR 44 5 TO
-	male black	10ct. 5, 1962 18	YRS.	9. BALTIMORE CITY OR CO	11 21 19 80 a
	ortola, B. V. 9.	Virgin Islands	MARRIED NEVER MARR	IED &	
_	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOA	AE, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF W	ORK 126. KIND OF BUSINESS
	Essex	Franklin Square	Hospita 1	for most of working life)	OR INDUSTRY
13a.	UAL RESIDENCE (# IN NURSING HOME OF STATE 136 COUN	or other institution, give residence before admissify City or Jown Port Pepo	sich 13d. Inside (ITY LIMITS?)	13. STREET ADDRESS herapeake Job	Corps Center
14.	FATHER'S NAME	MIDOLE LAST	15 MOTHER'S MAID	EN NAME	
	Herbert	Hedrin	egton Poris		Dawson
160	WAS DECEASED EVER IN U.S. AR. (YES, NO. OR UNKNOWN) {IF YES, GIVE	WAR OR DATES)	MY NO. 17 INFORMANT	ADDRESS	
_	10 CAUSE OF DEATH / Fater on	1580-08-87 1ly ane couse per line for (o), (b), and (c).)	62 Novelly.	Franklin, Port D	approximate interval
	PART I DEATH WAS CAUSE	D BY.	1 hemorrhage		BETWEEN ONSET AND DEAT
	4220 IMMEDIA	TE CAUSE (o) INTRACTANTA DUE TO, OR AS A CONSEQUENCE			
	Conditions, if ony, which gave rise to immediate	(b)			Contract of the contract of th
	couse (o) stoting the <u>under</u> -	DUE TO, OR AS A CONSEQUENCE	OF		
		(c)			
Z		CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PA	RT 1 (a)	
MEDICAL CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20. AUTOPSY?
IFIC					YES X NO
CERT	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART)	
CAL	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M. 19	AR		
AEDI	21d INJURY OCCURRED WHILE NOT WHILE O	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
~	AT WORK AT WORK				STATE
	22a. I certify that I took charg	ge of the remains described above, held an	Autopsy XX Inspectio	n . Inquiry . and in r	ny opinion
	death resulted from; Natur	ral causes XX . Accident . S	uicide . Homicide .	Undetermined manner,	
	ACTUAL ()	is at A a W. all	TITLE (SPECIFY)		
	SIGNATURE WOO	and the word	M.D. Awsista		ATE IGNED 11-21-80
	EXAMINER'S NAME				
220			D. ADDRESS 111	Penn Street [23d. LOCATION	
230	(SPEGIN) REMOVAL	Noy. 25, 1980 Jant		CHY OR TOWN	COUNTY BIJTE O
24,	UNE PAY DIRECTORY	A	ola emetery. 29. DATE	REC'D. BY REGISTRAR 25% POISTRA	RS ON DURCES
4	ee d. Patterson	& Son Penningille M	NOV	2 4 1980	/ Prachasely
<u> </u>	- The sace of the	a son renniville,	unitional INUV	~ - 1000	

the detail of the contract of

2.5	1. DE	STATE REGISTRAR CEASED NAME 2 A FIRST FOR PRINT)	IE MAE	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH DAY	YEAR 2b, HOUR
	{TYP	Peggy	Anna	Heffner	November 3, 1980	
	3. SE		4 RACE	5. DATE OF BIRTH	-	DER 1 YEAR IF UNDER 24
		F	W	12/2/22 YEAR	57 YRS. MONTH	HS DAYS HOURS A
95/		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	XY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF	
910	1	N.C.	USA	WIDOWED DIVORCED		
Tiffie .	7	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION (SEET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) IT	2b. KIND OF BUSINESS NDUSTRY
8	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BE	CORE ADMISSIONS	HSWE	
sumost &		STATE 136 COU		OWN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 231 DARGON	DR
mine	14. F/	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
SX.	4	JAMES	HENRY	GENEVA	ADDRESS	
medicol			VE WAR OR DATES!	CURITY NO. 17 INFORMANT		~
0		Ne		44980 BOBBY	JACKSON	ABOVE
event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	nly one couse per line for (a), (b),		1. 7 7 0	BETWEEN ONSET AND DE
		IMMEDIA	TE CAUSE (0) CATULOPE	ilmonary Arrest, Myo	Cardial IllianCtion	
otic		5/8/	DUE TO, OR AS A CONSEC	DUENCE OF	Marie de la	
troumotic		Conditions, if ony, which	Severe C	oronary Artery Dise	ease	
r tro		gave rise to immediate couse (a), stating the	107			
ather		underlying cause lost.	Obesity	Hypertriglyceriden	ni a	
y, or		PART 2 OTHER SIGNIFICANT	100	O DEATH BUT NOT RELATED TO THE TER/		N PART 1(0)
0	CERTIFICATION					
any	3	19a DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WE	RE FINDINGS USED G CAUSES OF DEATH
	48				YES NO YES	NO [
		210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)
shows	Ü	OR CONTRIBUTING CAUSE OF DE	AIR	DAY YEAR		
sm 18 shows	9	LIE EITHED ANTIEV MEDICAL EVALUATION				
Item 18 shows	9	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		
or Item 18 shows	MEDICAL CE	21d. INJURY OCCURRED		21f. LOCATION	CITY OR TOWN	COUNTY STA
or Item 18 shows	9	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	21f. LOCATION STREET		20
Item 18 shows	9	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22g Learning that (this boss	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	21f. LOCATION STREET M. November 3 180	November 3 198	O, that (we
or Item 18 shows	9	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (this hosp sow the deceased alive of above. Two (did) (did)	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	21f. LOCATION STREET M. November 3 180	to November 3 198 death accurred on the date and hour and	that (we
m 21 is morked or Item 18 shows	9	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 1 22a.1 certify that (this hosp saw the deceased olive or	21e. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFI ital) ottended the deceased from November 3 view the body after death.	THE LOCATION STREET M November 3 , 180 DEGREE	death accurred on the date and hour onc	0, that (we
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m 21 is morked or Item 18 shows	9	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that At White has been saw the deceased olive of obove of two (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI ital) ottended the deceased fro November 3 view the body after death.	TE. FARM. ETC.) 21f. LOCATION STREET M. NOVEMBER 3, 180 BO , and that in 1943 (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death accurred on the date and hour and	thory (we from the couses state 22. DATE SIGNED Vovember 3
em 21 is morked or Item 18 shows	MEDICAL	27d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 27a. I certify that (this hosp saw the deceased alive or above.) If (we) (did) (did) 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE)	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI itol) ottended the deceosed fro November 3 View the body offer deoth. OR PRINT) ie, M.D.	21f. LOCATION STREET M NOVEMBER 3 180 BO , and that in 1 (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS 9000 Frank	to November 3 198 death accurred on the date and hour and MEDICAL STAFF DIRECTOR PHYSICIAN X Lin Square Drive 212	thory (we from the couses state 22. DATE SIGNED Vovember 3
m 21 is morked or Item 18 shows	WEDICAL WEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that At White has been saw the deceased olive of obove of two (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI ital) ottended the deceased fro November 3 View the body ofter death. JOR PRINT) 129b. DATE 22b. DATE 22c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI INJURY) 23b. DATE 22c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI INJURY) 23b. DATE 22c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI INJURY) 23c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI INJURY) 22c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI INJURY) 22c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI INJURY) 22c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI INJURY) 22c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI INJURY) 22c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI INJURY (AT HOME, STREET, FAC	TE. FARM. ETC.) 21f. LOCATION STREET M. NOVEMBER 3, 180 BO , and that in 1943 (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death accurred on the date and hour and	that Market (we from the couses state 22. DATE SIGNED November 3
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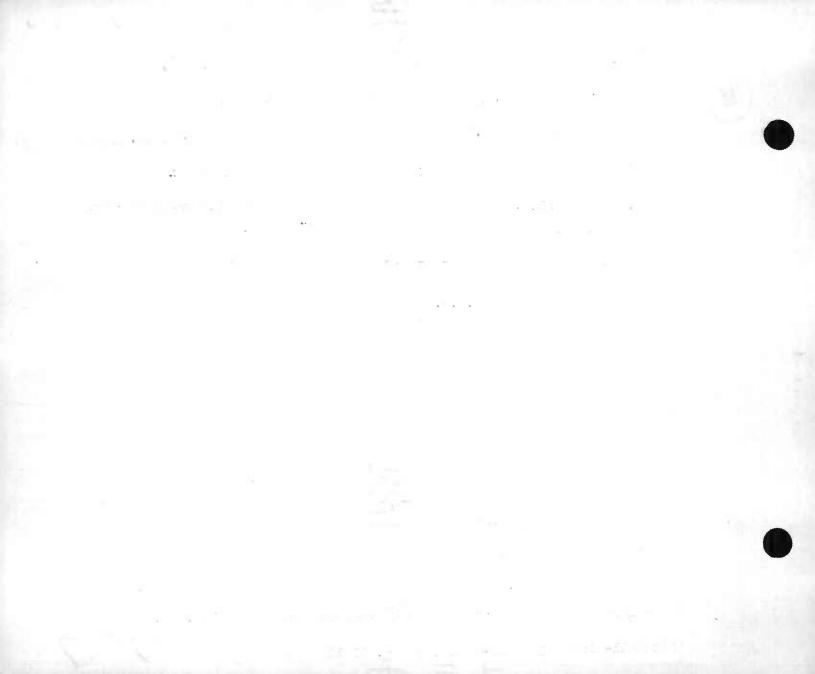




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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 2s DATE OF DEATH 26 HOUR a.m. (TYPE OR PRINTMARION 28,1980 AMGELA HENRY NOV. 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS O & O MATHIOM YEAR 910 70 MONTHS DAYS HOURS 76, CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e. USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY STELLA MARIS HOSPICE SECRETARY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d. INSIDE CITY LIMITS? 13ª STREET ADDRESS 13c CITY OR TOWN Stella Maris Hospice Towson YES T NO IX 15. MOTHER'S MAIDEN NAME FWMARION LAST MIDDLE LAST **ADDRESS** SOCIAL SECURITY NO. 17 INFORMANT STELLA MARIS HOSPICE DULANEY VALLEY RD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: C.H.F. DUE TO, OR AS A CONSEQUENTION DUE TO, OR AS A CONSEQUENCE POST STATUS CARCINOMA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO YES | NO | 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 211 LOCATION LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 CITY OR TOWN COUNTY STATE 22s. I certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Balto. Md COUNTY STATE Cathedral Cmetery 250. DATE REC'D. BY REGISTRAR THE TECHNIQUE TO CHEE 24 FUNERAL DIRECTOR MitcWell-Wiedefeld Home-6500 York Rd. 21212 DHMH-16 20M (VRA 15, 4) 7/78

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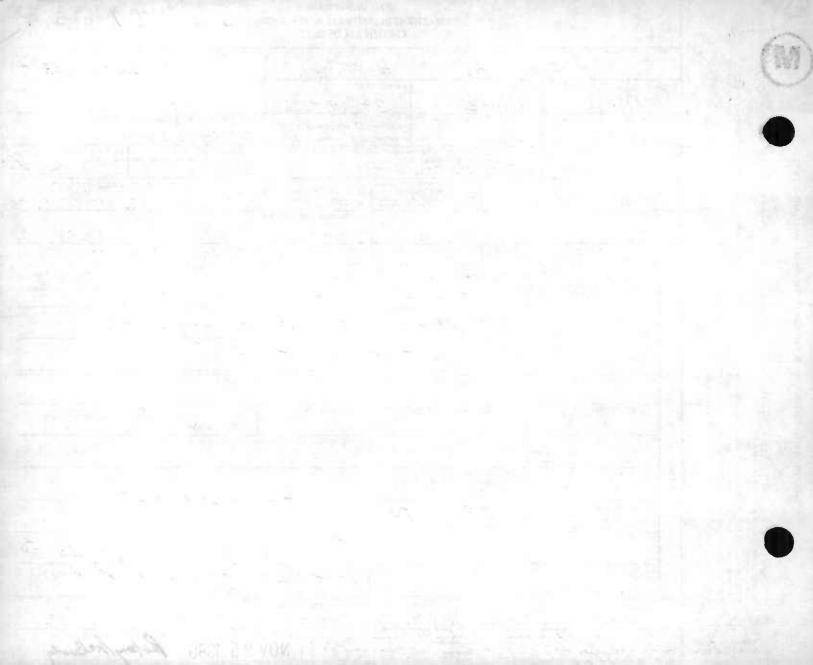
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2ª DATE OF DEATH (TYPE OR PRINT) 3. SEX 4 RACE DATE OF BIRTH AGE IN YEARS LAST BIRTHOAY IF UNDER 1 YEAR ME BIRTHPLACE L CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** Maruland Baltimore County WIDOWED DIVORCED [A CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY Randallstown Balto. Co. Gen. Hospital Retired Balto. Transit USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13R STREET ADDRESS 3924 Noyes Circle Balto. 134. INSIDE CITY LIMITS? Randallstown Mary Land Randallstown, Md. 21133 Apt. YES IC NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Hoffman Ella Charles Maru McGinnis 17 INFORMANT MYS. Catherine Hoffman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 3924 Noyes Circle Randallstown, Md. Apt. WWI 213-10-1079 A ues APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for 1a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSPOLIE underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOR YES [NO [218 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NO TIFY MEDICAL EXAMINER) P.M 210 PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 22a I certify that (1) (this hospital) attended the depeased from saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE FUNERAL I ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 226. PHYSICIAN SNAME (TYPE OF PRINT) 22e ADDRES Dr. Jose Apter 23a. BURIAL CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 236. DATE 238 LOCATION Burial 11-24-80 Mt. Olive Cemetery Randallstown Balto. Md. 24 FUNERAL DIRECTOR Loring Byers Funeral Directors P.A. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 25M (VRA 15, 4) 1/79 8728 Liberty Rd. Randallstown, Md. 21133



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		REGISTRAR			OF DEATH REG. NO.	
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	16a V	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE W	ED FORCES? 16b. SOCIAL SECT		ADDRESS	
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	CERTIFICATION	210 EXTERNAL CAUSE WAS	116. TIME OF INJURY HOUR A.M. MONTH DAY	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
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	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOM STREET, FACTORY, FARM, ETC.)	E. 211. LOCATION STREET	CITY OR TOWN	COUNTY
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70		SACRATORE .	0,1	m.b. 4 3	MEDICAL EXAMINER	SIGNED
N	-	EXAMINER'S NAME OF	in C. Hyle	ADDRESS_ZJ27	Blair Rel BALT	102136 Dul
	23a. B	URIAL, CREMATION, REMOVAL 23	b. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION	
	R	PECIFY)	2 2 1980 MOREL	and Man Pack	PARKVILLE BO	LTO. MO.
	24. F	UNERAL DIRECTOR		25a. DATE	REC'D. BY REGISTRAR 25b. REGISTR	R'S SIGNATURE
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DHMH-16 20M

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- STATE

(TYPE OR PRINT)

I. DECEASED NAME

REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. MIDOLE 2. DATE OF DEATH MONTH 1980 NOV MARGARET HOKEMEYER-HART 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNCER I YEAR MONTH VEAR DAYS HOURS White 20 1892 88 THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. COUNTY WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12h KIND OF BUSINESS OR Shangri La Nursing Home TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY UNKNOWN USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore, Maryland 21230 NI COUNTY 134. INSIDE CITY LIMITS? 13a STREET ADDRESS Baltimore YESX NO [., 1404 Inverness Ave IS MOTHER'S MAIDEN NAME MIDDLE Tanzler Mueller Ida Maryland 21146 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR OATES) Severna, Park, 220-14-9897 John Hart 125 Boone Trail 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE OF last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY STATE

saw the deceased alive an. abave, (1) (www (did) (did not) view

216 TIME OF INJURY

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

MD

ATTENDING PHYSIC IAN 22e ADDRESS

211 LOCATION

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) opinion death accurred an the date and hour and from the causes stated

CITY OF TOWN

22c. DATE SIGNED

Buria1

11-6-80

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

Loudon Park Cemetery

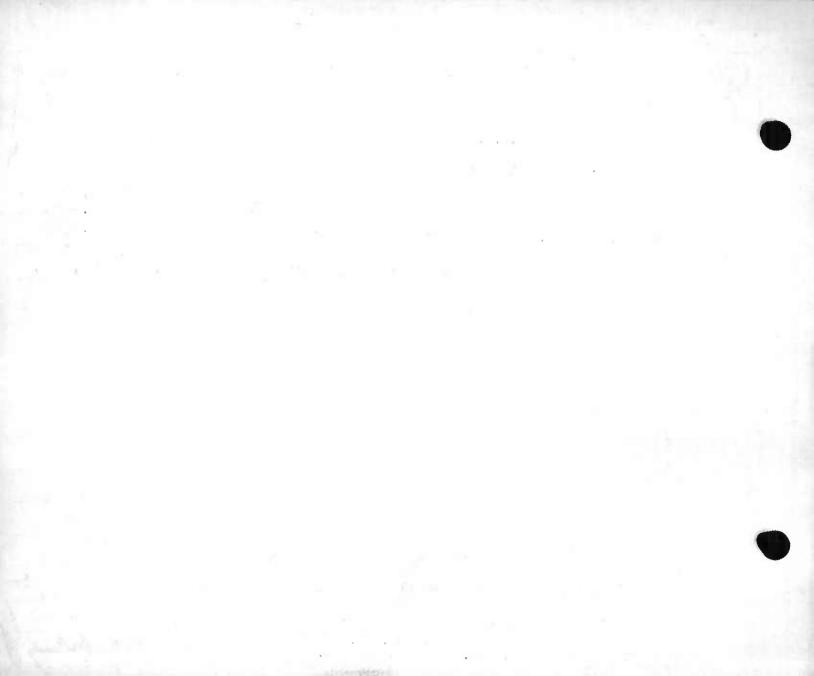
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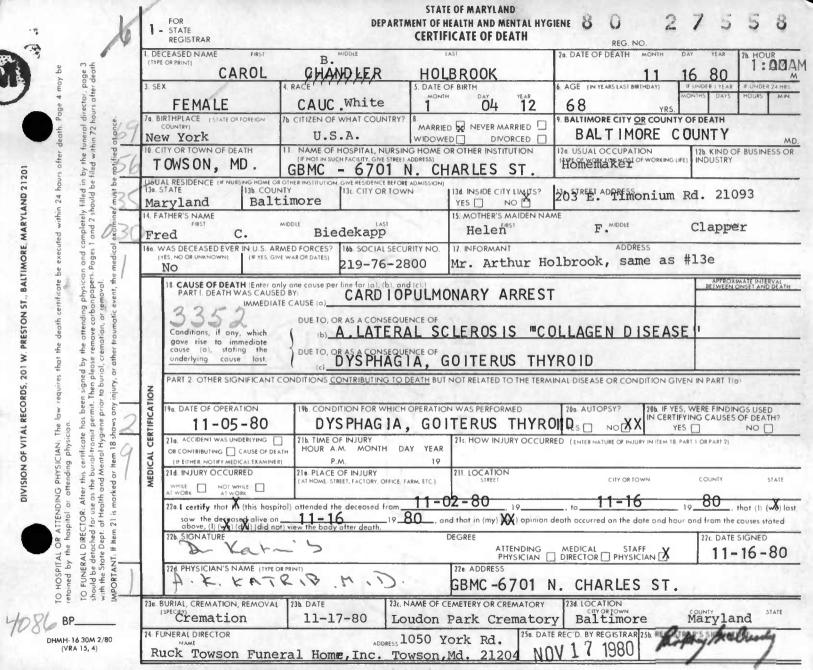
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24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Balto, Md. 21229 250 DATE REC'D. BY REGISTRAR 250 REGIST RESIGNATURE





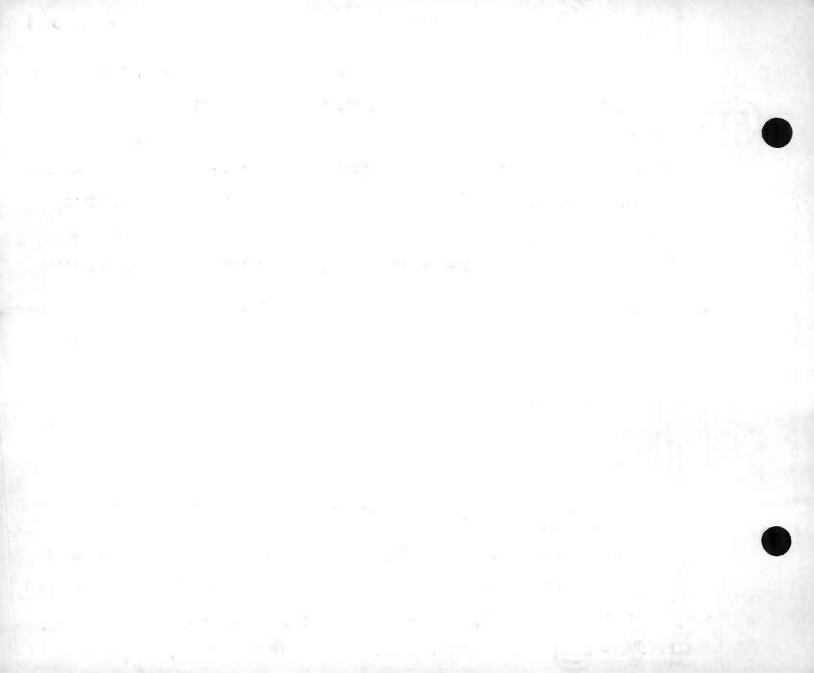
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. D BE FILED, WITHIN 72 HOURS Rita Hopper DEATH MATED 11 23 19 80 PRESTON STREET 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED Female 1928 White 1980 DEAD Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A Baltimore County, Massachusetts DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED, V 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY OR OTHER INSTITUTION Dunda1k Wise Avenue & Melbourne Road Sales Clerk Hutzlers USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 Baltimore Dundalk 8149 Kavanagh Road 14 FATHER'S NAME C LAST MIDDLE LAST Harry Bolds Katherine Hunt 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMAN 8149 Ravanagh Road DIVISION 553-32-6859 Balto.. George Hopper Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D II, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH Blunt force injury to head and trunk IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) FICATE, WRITING THE WORD "PENDIN FE FORWARDED TO THE CHIEF MEDIC TOR: PAGE 3 SHOULD BE USED AS A 1 THE STATE DEPARTMENT OF HEALTH TAND. 21201 PRIOR TO BURIAL, CREW CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES TO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Occupant 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1:55 23 1980 ejected after auto impacted van & overturned 21f. LOCATION Wise Ave. & CITY OR TOWN 21e PLACE OF INJURY EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYDAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK street Melbourne Rd., Dundalk Baltimore. Md. 220 I certify that I taak charge of the remains described above, held an Autopsy Homicide death resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL 11/23/80 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street 13d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 980 Oak Lawn Baltimore Maryland 24. FUNERAL DIRECTOR Duda-Ruck popers ne. 250. DATE REC'D. BY REGISTRAR DHMH - 17 Wise Avenue Dundalk. MD. 21222 (VR A15 ME (5) 15M 2/80

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BALTIMORE, RRS AFTER DE GIVE PAGE				.W. I	104-09-1	142	Mary H.	Frank	Baltimore	, Md.	21212
: 208			18 CAUSE OF DEATH (Enter on)	y one cause per line	for (a), (b), and (c).)	(,)) 1			APPROXIMAT BETWEEN ONS	E INTERVAL ET AND GEATH
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TO ME	FUNERAL D		EXAMINER'S NAME Char	les F.	0 Donnell	, M.	Diness 75	01 York	Road 823	-3162	1114
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	H - 17 ME (5))		INERAL DIRECTOR	ADORESS			- TALL - CALL		RAR 25b. REGISTAR'S	SIGNATURE	
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director, page 3	3. SE		1. RACE		S. DATE (DAY Y	EAR	GE (IN YEARS LAST BIRT	MON	INDER I YEAR	IF UNDER 24 HRS HOURS MIN
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E 2 2 PG	5 10 8	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	US.	what country? A	MARRIE	D NEVER MARRI	ED ED	ALTIMORE CITY O Baltimo			MD
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of Health and A		220.1 certify that (1) (this hasp saw the deceased alive ar above, (1) (we) (did) (did no			٠	, 19 nd that in (my) (our)	apinian death	to			that (1) (we) lost causes stated
Stote Dept.		226 SIGNATURE	ey for	i kee Sa	,		DING M	EDICAL STA		22c. DATE:	SIGNED 9.PO
old be the Si		22d. PHYSICIAN'S NAME (TYPE OF NLEY	, ,					s Pho	ie Le	e. Be	2621229
O d M	23a.	BURIAL, CREMATION, REMOVAL				EMETERY OR CREM		3d. LOCATION CITY OR TOWN	co	UNTY	STATE
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- 0 > =	23a 6	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH 76 HOUR (TYPE OR PRINT) CARLA A. **JENSEN** 06 80 SEX 4 RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR FEMALE WHITE 06 09 04 76 YRS & BIRTHPLACE STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED DENMARK DENMARK WIDOWED DIVORCED BALTIMORE COUNTY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 126 KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY WOODLAWN 2919 HILLCREST ROAD HOMEMAKER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138 STATE 1136 COUNTY 1136, CITY OR TOWN 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13a STREET ADDRESS MARYIAND BALTIMORE WOODTAWN 2919 HILLCREST ROAD, 21207 YES T NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST UNKNOWN BONDE UNKNOWN ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATEST NO 213-40-1615 JES H. THOMSEN 2919 HILLCREST ROAD, 2120 APPROXIMATE INTERVAL IL CAUSE OF DEATH (Enter only one couse per line to to) (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT COMMITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 765000 190 DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 70h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [138 715 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 7 In ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY marked AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22s I certify that (I) (this hospital) attended the decreased from saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did-not) view the body after death. 27b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF IMPORTANT: PHYSICIAN 4 DIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME (TYPE OR PRINT) 22ª ADDRESS JOSE APTER, M.D. 17 CHARTLEY PARK ROAD, REISTERSTOWN 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL CREMATION REMOVAL 236 DATE [SPECIFY] CITY OR TOWN COUNTY STATE

DHMH-16 25M

(VRA 15, 4) 1/79

Hygiene

24 FUNERAL DIRECTOR

BURIAL 11-08-80

HUBBARD FUNERAL HOME. INC. 4107 WILKENS AVE

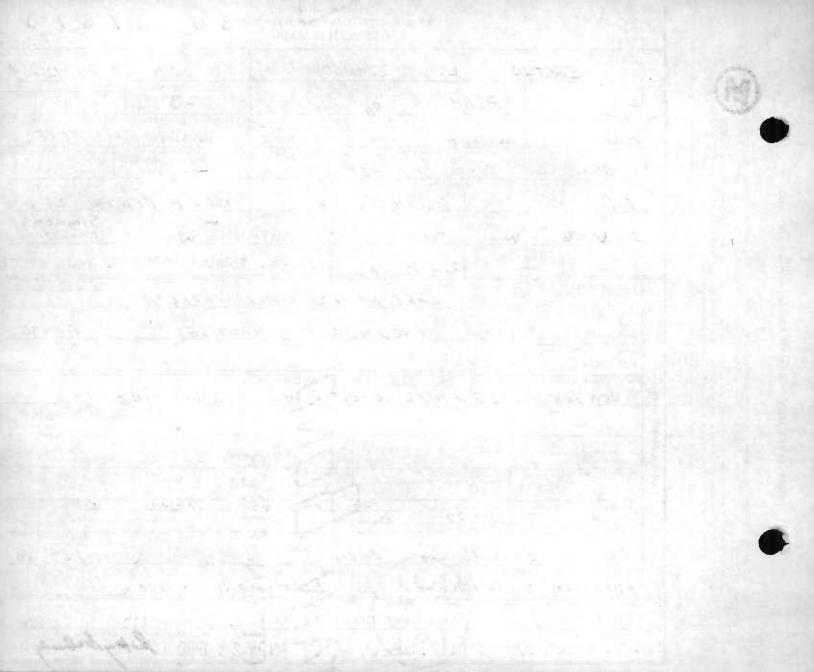
LORRAINE PARK 21229

ADDRESS

WOODLAWN

BALTIMORE MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE S - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 2a DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) EARTHA JOHNSON 80 12:20 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR BLACK Oil 25 57 BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY QUINAGES BALTIMORE u.S. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE WINGSHILLS CENTER DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 FEDERAL ST 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Simmons IRAJING MARSORIE JOHNSON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Irying W. Johnson 1902 E. Federal St 212-78-270 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: CARDIO - RESPIRATORY AMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION CEREBRAL DEFECT T 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INTURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from 11-27 sow the deceased alive on_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deto with the Stote PHYSICIAN | DIRECTOR PHYSICIAN ROSE WOOD S. GUTIERREZ N.D. 23b. DATE 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE CITY OR TOWN COUNTY (SPECE Burial 12/3/80 Crownsville VA Cem. Crownsville MD 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 15h DHMH - 16 60M 1/75 March F/H 1101 E. North Ave. (VR A 15 (4))



EX 105 F1 /2/15 03 CHR 21/05 -/./.. From Mineral Capacities St. Dillo Mo 20 Sol

1500 July James

or Item 18 shows

IMPORTANT: If hem 21 is

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

MA A	FOR STATE REGISTRAR			GIENE 8 0	
	1. DECEASED NAME	FRST	WIOOFE	LAST	20 DATE OF DEATH
y be	(TO C ON PRINT)	Walter		Jones	11

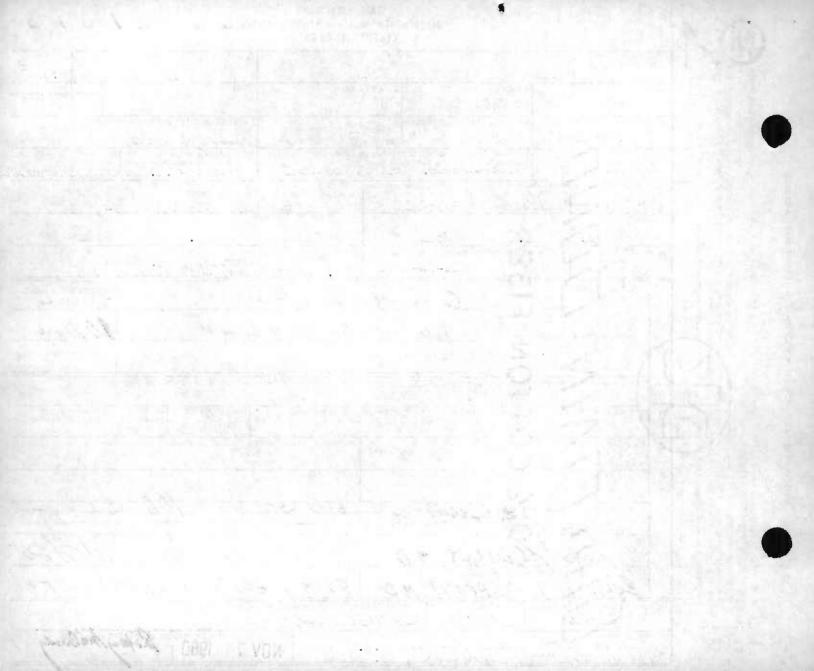
				KEG, NO.	
	1. DECEASED NAME FIRST (TYPE OF PRINT)	WIOOLE	LAST	20 DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
	Walte	2r	Jones	11 06	80 6:29 PM
	3. SEX	4 RACE	5. DATE OF BIRTH	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	White	04 05 00	80 YRS.	ONTHS DATS HOURS MIN.
	Ja. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
5	Maryland	USA	WIDOWED DIVORCED	Baltimore County	MD
(Randalls town	LIE NOT IN SUCH FACILITY GIVE STREET	AG HOME OR OTHER INSTITUTION ADDRESS) ENERAL Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired-A.A.I C	12b. KIND OF BUSINESS OR INDUSTRY
-		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	1 - 1	nettrea-A.A.I C	orp, Cockeysvii
-	T3a STATE 13b COL	UNTY 13c. CITY OR TOW		13e. STREET ADDRESS	
5	Maryland Bali	timore Rockdal	e YES NO	3619 Florida Ave	nue. 21207
	14 FATHER'S NAME	MIODLE LAST	15. MOTHER'S MAIDEN NA	AME	
G	George	F_{\bullet} Jones	Sarah	\vec{E}_{ullet}	Madary
	160 WAS DECEASED EVER IN U.S. A			ADDRESS	
		W II 215-03-4	1641 Mrs. Alice J	Rockdale, Md. 21. Jones, 3619 Florida	207 a Avenue.
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	anly one couse per line for (a), (b), and		1	BETWEEN ONSET AND DEATH
	L/ A MMEDIA	ATE CAUSE (o)	and Winner		2 weeks
	7/00	DUE TO, OR AS A CONSEQUE	ENCE OF	1	day.
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		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART T(a)
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DHMH-16 30M 2/80 (VRA 15, 4)

Burial Lake View Memorial Pk 11/10/80 ⁷⁴ FUNERAL DIRECTOR Byers Funeral Directors P.A. Borng Byers Funeral Directors P.A. 8728 Liberty Road, Randallstown, Md. 2

Sykesvil 250 DATE REC'D. BY REGISTRAR NOV 7 1980



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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IMPORTANT

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X	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 2
M	I. DECEASED NAME FIRST (TYPE OR PRINT)	Alden	Kappel	November 25
rector. urs offi	3. SEX Male	4. RACE White	5. DATE OF BIRTH MONTH CAY YEAR 12 22 1909	6. AGE (IN YEARS LAST BIRTHDAY) 70 YE
000	70. BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COU

1980 IF LINDER 24 MR NTY OF DEATH MARRIED NEVER MARRIED Maryland Baltimore County, WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Liberty Parkway Dundalk Land Surveyer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Dundalk 2518 Liberty Parkway YES [NO X 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME WIDDLE FIRST MIDDLE Haase George Kappel Emma 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 2518 Derty Parkway 166 SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 213-09-1378 Alice Carmine Kappel-Balto.Md.21222 18 CAUSE OF DEATH (Enter only one cause per lung lar (a), (b), and (c) Carcinoma IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

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David P. Zajano. MD. 230. BURIAL, CREMATION, REMOVAL

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Oak Lawn

6800 Mornington Road, Balto., Md.22

11/28/80

23d LOCATION

Baltimore

MD.

26. HOUR

DHMH - 16 50M 1/76 (VR A 15 (4))

Buria 24. FUNERAL DIRECTOR

Duda-Ruck Funeral Home of Dundalk

ADDRESS

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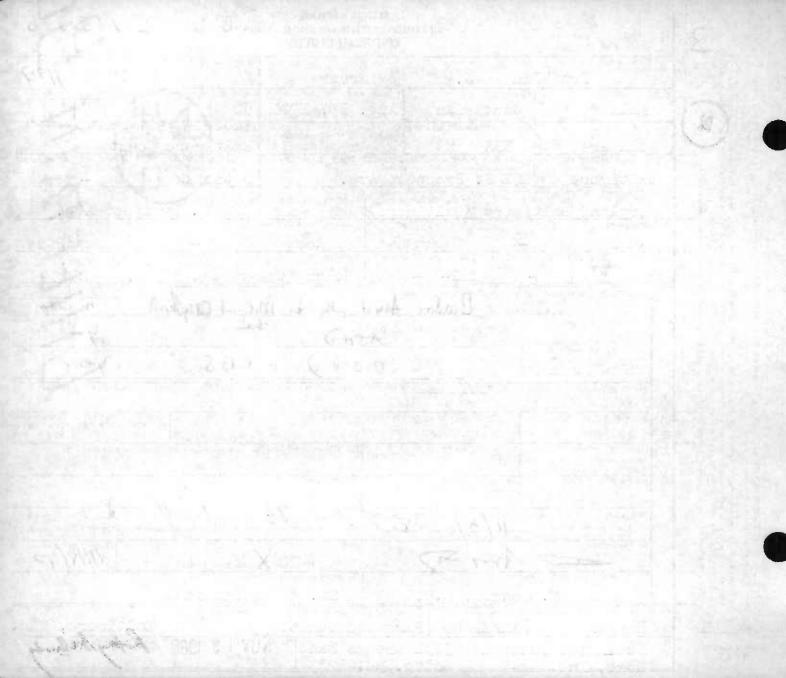
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Balto Md 21213

Home. Inc

STATE OF MARYLAND



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-16 2	5M		UNERAL DIRECTOR	6	010 REIS BALTIMORE	TERST	OWN RD. 250 DATE	REC'D. BY REGISTRAR	25h. REGISTRA	R'S SIGNAT	Bredy
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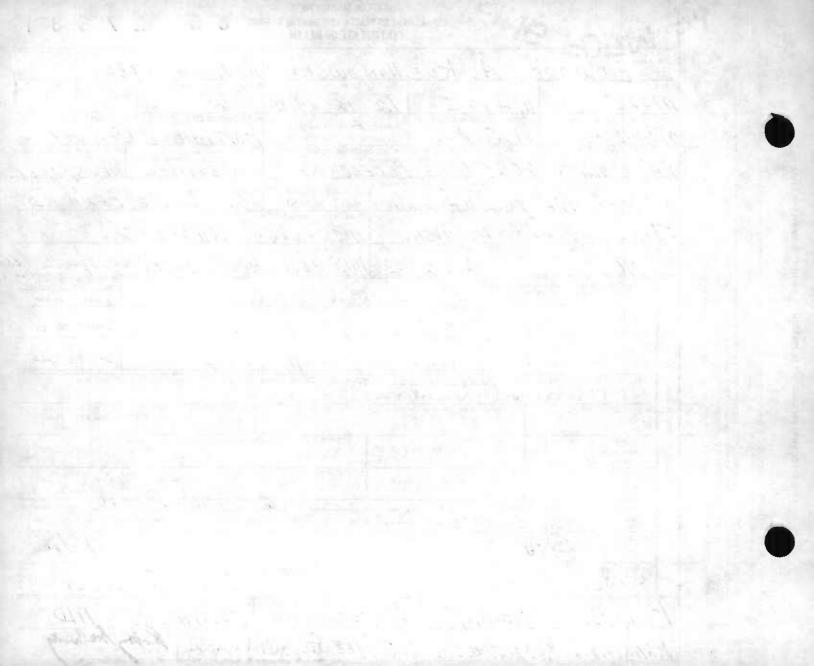
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				STATE OF MARYLAND		
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hows a	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	196 CONDITION FOR WHICH	OAY YEAR 19 211 LOCATION	TERMINAL DISEASE OR CONE 700 AUTOPSY? YES \(\text{NO} \(\text{NO} \)	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YOU ITEM 18, PART I OR PART 2)
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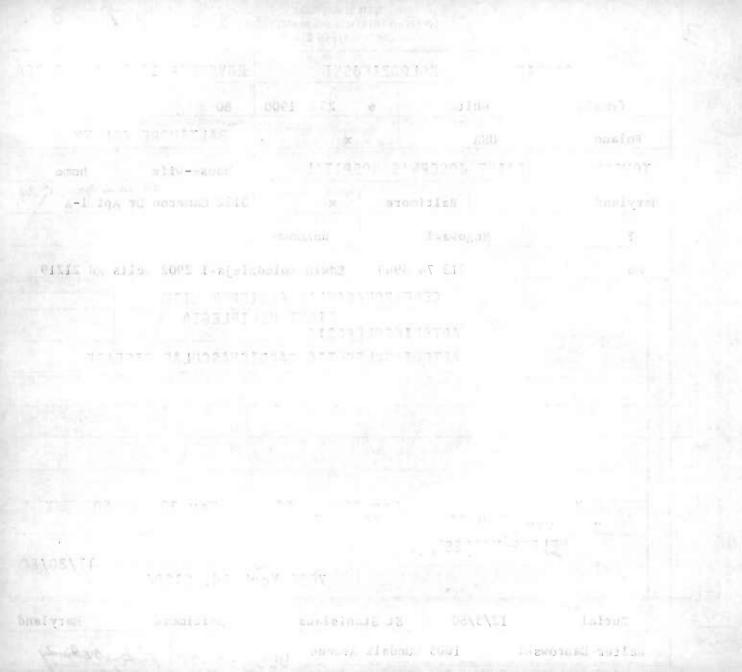
	1			STATE OF MARYLAND			
1/	1	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYGI ERTIFICATE OF DEATH	IENE 8 0	2 7	581
-		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YE	AR 26. HOUR
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t, the		NO	2/2/272	30 MRS-HELEH	KOCHANOU	15K1 602	
papers. emoval. tic even		18 CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and (c).	0 1		BET	WEEN ONSET AND DEATH
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s sho	E				YES NO	YES 🗌	NO [
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hed for use Dept. of He If Item 21		saw the deceased of second obove, (1) (we) (did) (did lat	wew the body ofter death.	, and that in (my) (our) opinion d	leoth occurred on the do	te and hour and from	m the couses stated
e detached State Dept. FANT: If Ite		226. SIGNATURE		DEGREE		4	DATE SIGNED
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should be der with the Stat IMPORTAN	1	224 RHYSICHON'S NAME (TYPE OR	PRINT)	220 ADDRESS 400 8	estera 1	shid	
with the State IMPORTANT:		W. VLATT	. MD -		Ball.	ma 21:	221
3 2	230	BURIAL, CREMATION, REMOVAL	236 GATE 23/ HAM	E OF CEMETERY OR CREMATORY	THE LOCATION	EQUATY	MA TISTATE
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IU 16 2EM	24. F	UNERAL DIRECTOR	ADDRESS	T/ 250 DATE	REC'D BY REGISTRAR	SA PASTAR'S	ANS STATE
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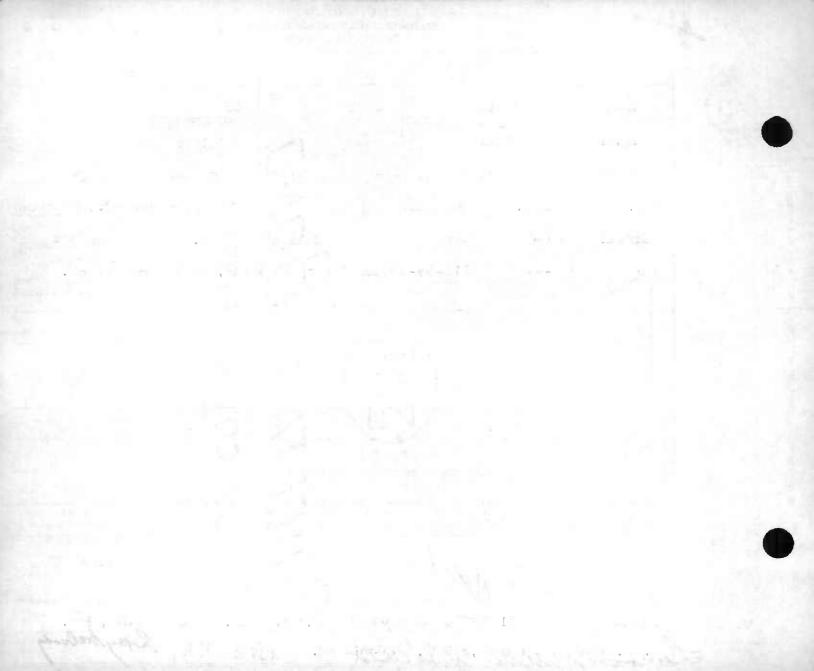


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tify that N (this haspital) attended the deceased always NO V ve. N (we) (did) (Actival) view the boo NATURE	dy after death.	DEGREE ATTENDING	death accurred an the dat	te and haur and from the	that (X (we) last causes stated
STCIAN'S NAME (TYPE OR PRINT)		22e ADDRESS	-		/30/80
REMATION, REMOVAL 23b. DATE			23d. LOCATION CITY OR TOWN Baltimor	COUNTY	ary land
THE BOY STATE OF THE STATE OF T	CARRIE CARRIE 4. RACE WATER OF FOREIGN IN CITIZEN COMMENT IN AME CON SATINATION ON SATINATION NCE (IF NURSING HOME OR OTHER INSTITUTE IT AME AME AND COUNTY IT AME AME AND COUNTY IT AME AME AND COUNTY IT AME AND COUNTY IT AME AND COUNTY IT AME AND COUNTY IT AME IT AME AND COUNTY IT AME IT AND COUNTY IT AME IT AM	CARRIE CARRIE CARRIE White E (STATE OF FOREIGN IN OF DEATH ON NCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMINISTRATION OF DEATH ON SAFETY TO RESIDENCE BEFORE ADMINISTRATION ROBOWSKI ASED EVER IN U.S. ARMED FORCES? INKNOWN (IF YES, GIVE WAR OR DATES) DUE TO, OR AS A CONSEOURNC OF DEATH IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF OPERATION OF	CARRIE CARRIE KOLODZIEJSKI ARACE White STATE OF BIRTH White STATE OF BIRTH WHO FE DEATH WISA WISA	CERTIFICATE OF DEATH REG. NO CARRIE KOLODZIEJSKI NOVEMBER NOVEMBER ROBUS LAST LAST REG. NO R	CARRIE KOLODZIEJSKI NOVEMBER 30 1980 ***CARRIE KOLODZIEJSKI NOVEMBER 30 1980 ***BALTIMORE CUNTY BOOKED NOVEMBER 30 1980 ***BALTIMORE COUNTY BOOKED NOVEMB





BALTIMORE, MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) **INDUSTRY** Steel Foundry 166 HANOVER STREET BOUGHTER CLINICAL RECORDS. VAMC. FORT HOWARD. MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE in (pr) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN VA MEDICAL CENTER, FORT HOWARD, MD 21052 STATE COUNTY 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Bru Mc Presdy

REG. NO

26 HOUR

IF UNDER I YEAR DAYS

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

ANATOMY BOARD OF MD.

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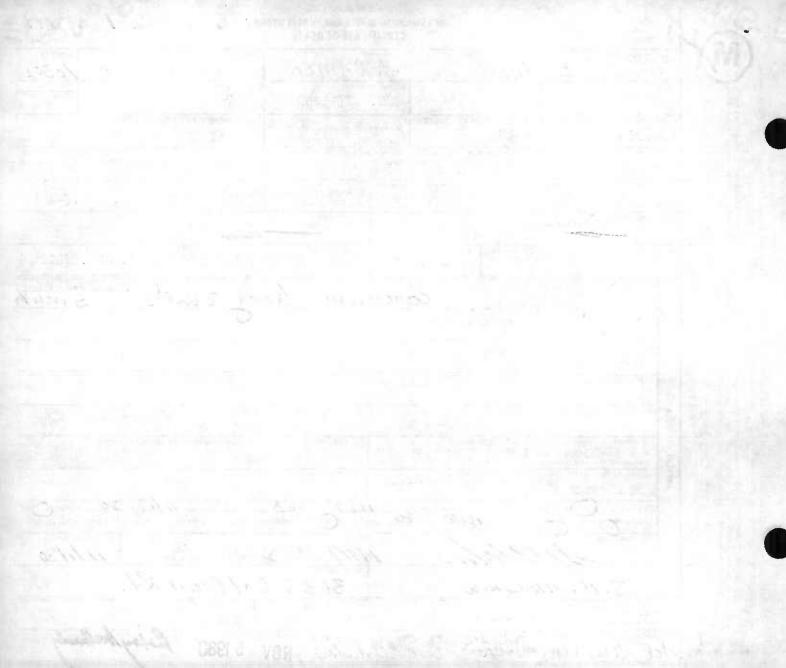
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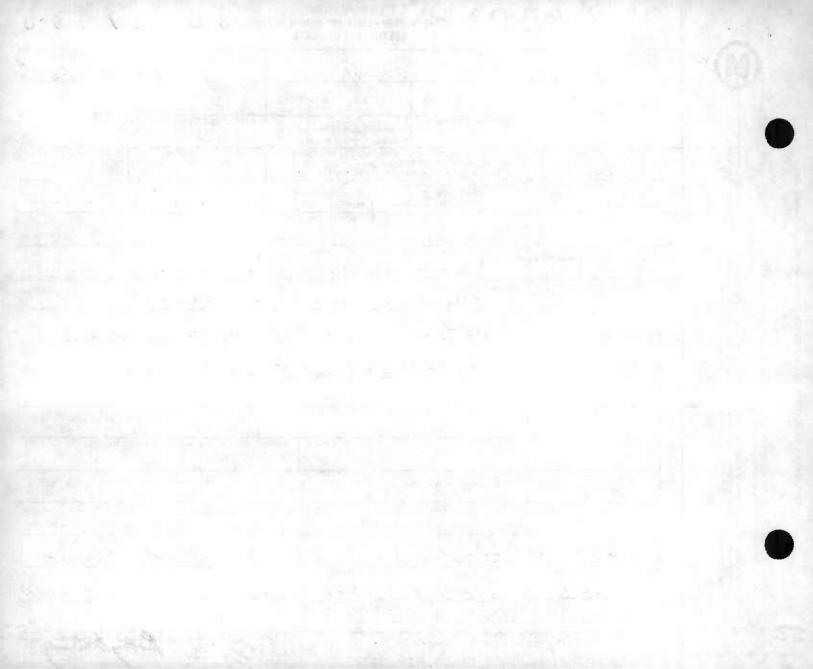
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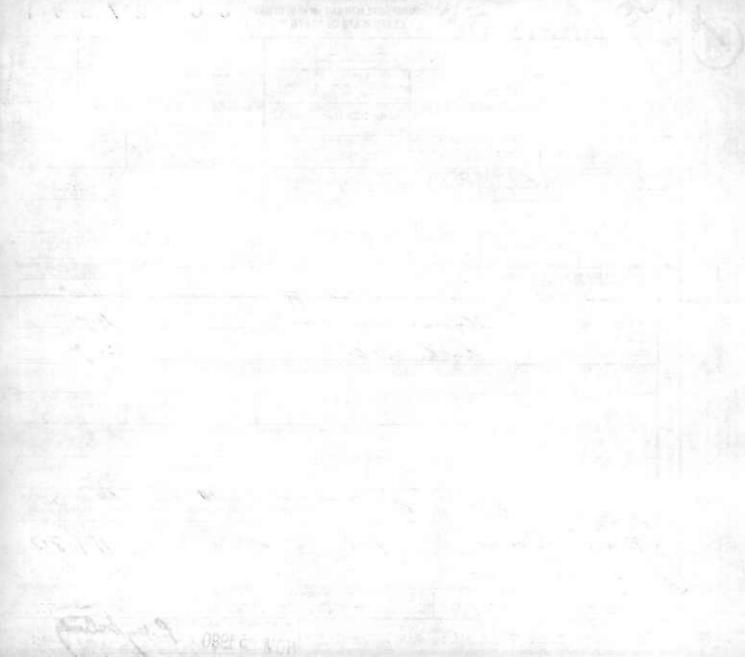




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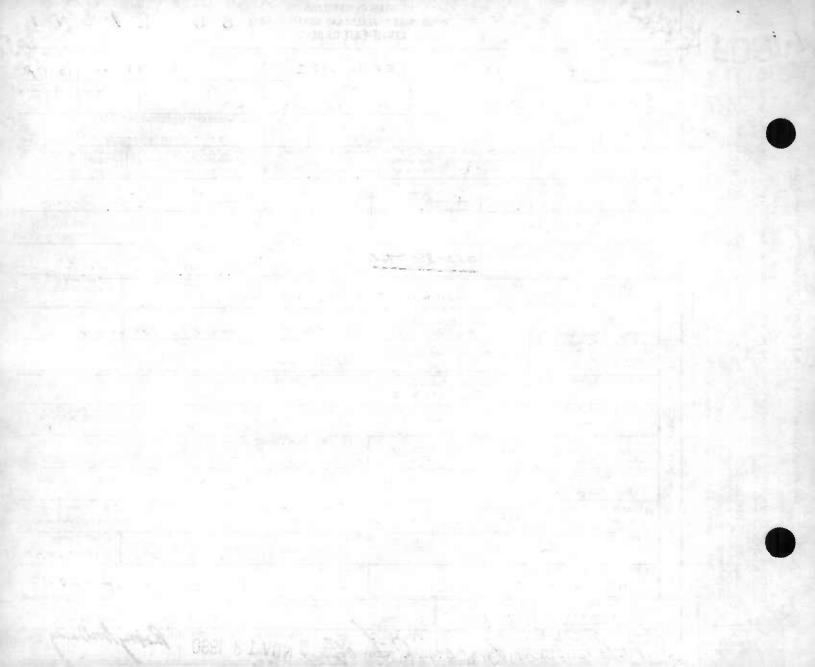
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bod .	3. SEX	EDWAF	KU F.	LA S. DATE O	THAM	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	:25PM
		Male	White		25, DA 1910 YEAR	70 yrs		ONTHS DAYS	HOURS MIN
35	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY U.S.A	MARRIE		BALTIMORE CITY C			MD
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35	73a. S	LE RESIDENCE (IF NURSING HOMEO TATE 136 COUI Caryland	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 130 CITY OR TO Baltimor	RE ADMISSION) NN B	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1119 Glene	agle F	Rd (212	39)
50	I4 FA	THER'S NAME FIRST Harry	Latham Last		15. MOTHER'S MAIDEN NA	1110015	Cra	awford's	Т
2	16a W	(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC 213-11-		17. INFORMANT Helen Latham	-1119 Glene		Rd. (21	239)
r, ar other troumotic event, the		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	TE CAUSE (a) ISCH	AS CUL	BOWEL, DESSE AR COAGULAT	ION	DITION GIVE	EN IN PART L	
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Hem]	₹ S	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (# EITHER, NOTIFY MEDICAL EXAMINER, 21d. INJURY OCCURRED	ATH HOUR A.M. MONTH	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	ART I OR PART 2)	
kedo	MEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.]	STREET	CITY OR TO	WN	COUNTY	STATE
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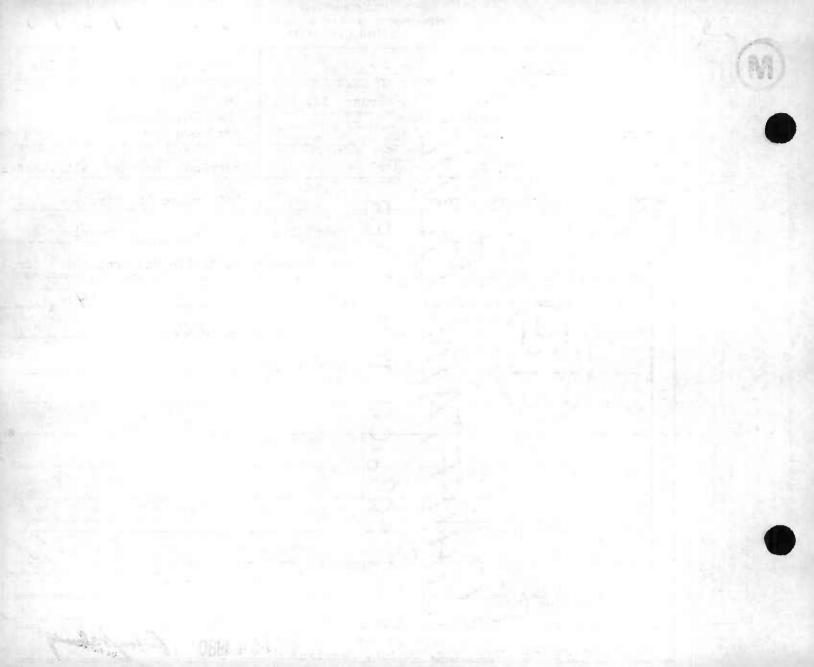


Contract Contractions

	5	FOR STATE REGISTRAR	DEP		LTH AND MENTAL HY	rgiene 8 U	2/599	
o ip		DECEASED NAME RICHAR	D LEONARD			20 DATE OF DEATH MONTH DAY YEAR 20 HOUR 11 2 80 /2 25 72		
4 moy	3.	SEX	4 RACE	5 DATE OF	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN	
º GIAI	170	Male BIRTHPLACE (STATE OR FOREIGN	Cau.	6 TDV2 8	10 96	84 9 BALTIMORE CITY OR CO	YRS DE DEATH	
4 V 14 W	3	COUNTRY) Va.	U.S.A.	MARRIED (NEVER MARRIED DIVORCED		COUNTY MD MD	
softer de by the fun filled within	12.	WSON MD	11. NAME OF HOSPITAL, NU	IRSING HOME OR	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Truck Driv	176 KIND OF BUSINESS OR INDUSTRY	
MARYLAND 2120 red within 24 hours mpletely filled in by and 2 should be file	3 E 13	SUAL RESIDENCE (IF NURSING HOME 136 COI	UNTY 13c. CITY OR	TOWN 13	d INSIDE CITY LIMITS?	13e STREET ADDRESS	eigh Cr. 21204	
MARYL ed withi mpletely and 2 s	3014	FATHER'S NAME FIRST	MIDDLE LAST		MOTHER'S MAIDEN N	MIDDLE	(ASI	
	16	John WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) { IF YES, G		SECURITY NO. 1	Cora 7. INFORMANT	Bell ADDRESS	Chenault 1028	
BALTIMORE, cate be execution and compers. Pages 1 val.	1	no no		1-1649	Bertha E.	Nicholson	Marleigh Cr.	
ST., BAL		PART I. DEATH WAS CAUS	1/12	and IcCARD	TUKESPIKA	TORY FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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PRESTON ST the death certi- he attending p emove carbon emotion, or ren		Conditions, if ony, which	(b)	pearl	al m	factor		
W of the		gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONS	EQUENCE OF	0			
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the ortending physician. Ifter this certificate has been signed be as the burial-transit permit. Then pleas the and Mental Hygiene prior to burial, orded or them 18 shows any injury, are approved to the and Mental Representations.	200		CONDITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TER	RMINAL DISEASE OR CONDITIO	DN GIVEN IN PART 1(a)	
TAL RECC	C C C C C C C C C C C C C C C C C C C	190 DATE OF OPERATION	19b CONDITION FOR W	HICH OPERATION \	WAS PERFORMED	YES NO	EF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)	
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DIVIDING ATTENDING Syptial or			pital) attended the deceased fr		that in (next (nur) aninin	n depth accurred on the date of	nd hour and from the causes stated	
OR ATTOOR ATTOCHED IN THE CT OF THE		obove, (we (did) did	view the body after death.		GREE		22c. DATE SIGNED	
by the by	4	72d PHYSICIAN'S NAME LTYPE	Hanry OR PRINT!	_ n	ATTENDING PHYSICIAN 20 ADDRESS	MEDICAL STAFF	21204/2/80	
TO HOSPIT retained by TO FUNER should be with the Stu	1	22d PHYSICIAN'S NAME (TYPE	, , , ,	7	1850	W.BAC	T. St.	
1003 00	23	BURIAL, CREMATION, REMOVA			ETERY OR CREMATORY	CITY OR TOWN	Balto Md.	
1905 BP	24	Burial FUNERAL DIRECTOR	11-5-80		Valley C	em. Timonium	Balto, Md.	
(VR A 15 (4))	J	ohn C. Miller	vInc. 6415 E		d. N	OV 3 1980	moral many	

AND ASSESSED OF THE PARTY OF TH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME 2n DATE OF DEATH TYPE OR PRINTS 7:10a Nov. 19, 1980 Frederick Leslie A. 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER 24 HRS February 14, 1898 Male White To. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED London, England Baltimore County U.S.A. WIDOWED IS CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR St. Joseph Hospital ITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Towson Electrical Engineer Balto. Gas&El 136 COUNTY 13e. STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore Maryland Towson 946 Breezewick Circle NOX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Grossi Gabrielle Frederick H. Maver 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Josephine R. Leslie 946 Breezewick Circl 212-05-6578 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS ACONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO Z 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 CITY OR TOWN STATE NOT WHILE 220.1 certify that (* (this haspital) attended the deceased fram. 80_. that of (we) last Nov. Nov. , and that in 🗱 (aur) apinian death accurred an the date and haur and fram the causes stated saw the deceased alive on NOV. LY, above, K(we) (did) (XXXXI) view the bady after death. 22h. SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN MPORTANT 513 Medical Arts Bldg. 101 W. Read St. 21201 22d. PHYSICIAN'S NAME LTYPE OR PRINT AUMERS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE Burial CITY OR TOWN 11-22-1980 Dulaney Valley Cockeysville Maryland 256. DATE REC'D. BY REGISTRAR 256, BOSSTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 ADDRES 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Maryland



					SIAI	E OF MAKYLAND						
3	1	FOR STATE REGISTRAR		DEPAR		IEALTH AND MENTAL HYC	(GIENE 8 0 2 7 6 0 1 REG, NO.					
10		CEASED NAME FIRST		MIDDLE		AST	2a. DATE OF DEATH MONTH DAY YEAR 2b HOUR					
1	(TYP	R47	H	diam'r.	LE	EVIN		11 21	80	00.35		
	3. SE	X C	4 RACE		5. DATE (6. AGE (IN YEARS LAST B	IRTHDAY) IF U		HOURS MIN.		
		Jemaile_	White	White		8 1906	73	DATS	DATS HOURS MIN.			
301	Ja. BIRTHPLACE (STATE OF FOREIGN		76 CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
300		Maryland	U.S.	.A.	WIDOW		Baltimore	County		MD.		
15		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME (OR OTHER INSTITUTION	12a. USUAL OCCUPA	TION		BUSINESS OR		
D0		undallstown		CO. Ger		pital	Housewife) WORKING EILE)	INDUSTRI			
326	130	AL RESIDENCE (IF NURSING HO)	AE OR OTHER INSTITUTION OUNTY L timore			113d. INSIDE CITY LIMITS?	13e_STREEJ ADDRESS			ALTONIE!		
15	Me	ryland Bal	timore	Randalls	town	YES NO	6 Spinne	rs Ct.				
51	14. F.	ATHER'S NAME FIRST	WIDDLE	LAST	DEX	15. MOTHER'S MAIDEN NA	WE		LAST			
30		Louis		Bartel		Ada			Putens			
medico		WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDI	RESS				
E		No	o, Give war or oares)	217-09-2	2085 D	Miss Lorrai	ne Putens	2915 Rt	uecker	t Ave.		
Ť,		18 CAUSE OF DEATH (Ente	er anly one cause pe	r line for (a), (b), a	nd (c).)				APPROXIMA BETWEEN ON	ATE INTERVAL		
event,		PART I. DEATH WAS CA	USED BY: DIATE CAUSE (0)	CARL	11012	ESPIRAT	TORY 1	TIRRES	17			
ofic (1541		R AS A CONSEO	IENCE OF			10		-		
troumotic		Conditions, if ony, which ((b) PARCINIOMA RECTUM WITH										
other tre		gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF										
o o o		underlying cause lost	: ((c)	m	ETA	STASE	5.					
nlury, or	_	PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVEN	IN PART 1(0)			
_	TON											
Sony	ICA	19a. DATE OF OPERATION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	VERE FINDING	GS USED OF DEATH?		
7	CERTIFICATION						YES NO	YES [NO 🗌		
9		210. ACCIDENT WAS UNDERLYING	110110	of injury .m. month [DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	1 OR PART 2}			
	CAL	(IF EITHER NOTIFY MEDICAL EXAM	AINER) P	.M.	19							
	MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE		
	2	AT WORK NOT WHILE			, ,							
		22a.1 certify that (1) (this h		ne deceased from		. 19	, to	. 19	, th	not (I) (we) lost		
	N	sow the deceased oliver above, (I) (we) (did) (di		ofter death.	, 01	nd that in (my) (aur) apinion	death occurred on the	date and hour or	nd from the co	ouses stated		
		22b. SIGNATURE	. /	7 1	^	DEGREE			224. DATE S	IGNED		
/		HELLES	PX	pour	(1)	ATTENDING PHYSICIAN [MEDICAL STA	AFF ICIAN	11/21	1/80		
		22d. PHYSIRIAN'S NAME (T	YPE OR PRINT)			22e. ADDRESS			1			
		HAFFEE	- A	SYED	m.1)	BALTIMO	RE CON	MITY	SEN	40.5P		
	23a.	BURIAL, CREMATION, REMO	VAL 236. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	1.6	OLIVITY	STATE		
		Burial	11/24/	'80 T	oudon	Park	Baltim		OUNTY	STATE		
	24. F	UNERAL DIRECTOR				25a. DA	TE REC'D. BY REGISTRA		Le C	He de		
		Leonard J. Ru	ick Inc Ba	altimore	Mary.	land NOV	2 4 1980	holesh	77400	7		

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

J. G. CONNELL

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				STATE OF MARYLAND	670 675	0 10
	1.	FOR STATE REGISTRAR	. DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 ()	2 / 5 0
		CEASED NAME FIRST	WIDDIE	LAST		MONTH DAY YEAR 26 HOUR
		JOCEI	LYPO T	LEWIS	1000	11 15 80 3.30
-	3 SE	FEMALE	132ACIC	S DATE OF BIRTH MONTH DAY YEAR 02 22 35	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS
M)3		RTHPLACE STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY			R COUNTY OF DEATH TO THE MENT
155	10.C	DA TO	1. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION.	12a USUALOCCUPATE (TYPE ON WORK FOR MOST O	ON 126 KIND OF AUSTRES
35	130/	AL RESIDENCE (IF NURSING HOME ONE COUNT	OTHER INSTITUTION, GOD RESIDENCE BEFORE TO THE TOTAL CHECK OF TO	134. INSIDE CITY LIMITS? YES NO	13. STREET APPRESS	Thland Ave
3800		Linwood	TAYTO	R SACK	A I	SEADORN
1 1 2		VAS DECEASED EVER IN U.S. ARM es, no or unknown) (IF yes, give v		-2589 Mr. DERN	ARd Lewis Ja	2. 4312 ETHLAND
it. Then pleate remote carbo prior to burlet, crematron, or to any injury, or other traum	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO	DUE-TO, OR AS A CONSEQUENCE OF THE CONTRIBUTING TO	STATIC BREAST		DITION GIVEN IN PART 1(0)
112	TIFIC				YES NO NO	IN CERTIFYING CAUSES OF DEATHS
or Hum 3	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.—	19		
th and A marked	MED	214 INJURY OCCURRED NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOV	
ANT: 11 fem 21 in		220 1 certify that (I) (this hospital saw the deceased alive on above. (I) (we) (did) (did nat) 22b. SIGNATURE	view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	ote and hour and from the causes state
ORTA		224. PHYSICIAN'S NAME (TYPE OR		220 ADDRESS	wii hen!	Hospital
MPORTAN		DR . S . I	PATEL 1236 DATE 1236	MANTE GECENATION	1234OCATION	

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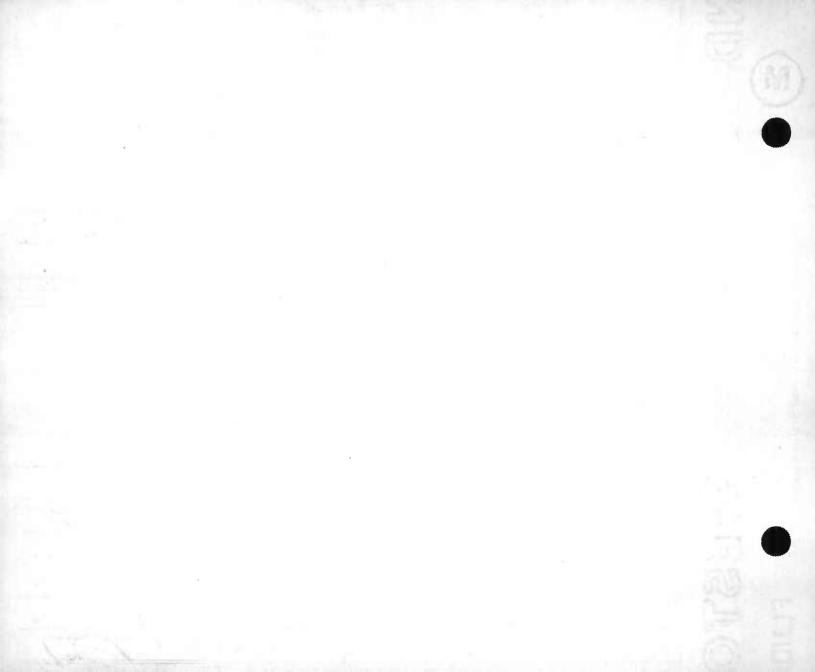
A LAND THE STATE OF THE STATE O

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-JOHN LINTHICUM 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER IF UNDER 24 HRS DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED Malen White 3 19 61 YRS DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U. S. A. DIVORCED Baltimore County FILED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY SHOULD BE R TOWSON JOSEPH HOSPITAL Sales Mgr. , Gamse Lithograph USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTO. MD LYDEN Timonium NO X 1913 YES [RD. TIMONIUM 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE OF-VII George Emory Linthicum Minna Schlandorf 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES NO. OR UNKNOWN) 212-09-9577 Mrs Carol P. Linthicum, Same As #13e 18. CAUSE OF DEATH (Enter only one cause per line for the land fell SERVICEN CINSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? SHOULD BE L TO BURIAL YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK WHILE COUNTY 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Matural causes Suicide Hamicide Undetermined monner TITLE (SPECIF TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL O AFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER SKINED EXAMINER'S NAME 7501 York Road, Towson, Md. 21204 Charles F. O'Donnell M.D. ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORS Cremation 11-24-80 Loudon Park Crematory Baltimore, Maryland " ... 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 125 **DHMH - 17** 1050 York Road ADDRESS VR A15 ME (5)) 21204 Ruck Towson Funeral Home, Inc. Towson, Md. 15M 7/77

MILLIONET . DO MERTY JESSEL N

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN TE MONTH 2a. DATE (TYPE OR PRINT) OF ESTI-David Michael 1 DEATH MATED 11 Linz 16 19 80 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE FUNERALDIRECTOR S FOR YOUR 16 Oct.4,1960 PRONOUNCED 80 6:25F 20 male white DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED X Jaryland U.S WIDOWED DIVORCED Baltimore County B. GIVE PAGES 1, 2, AND 3 TO THE FU WITH FORM PM 3. RETAIN PAGE 5 T. PAGES 1 AND 2 SHOULD BE FILED, V DIVISION OF WITAL RECORDS, 201 W. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Main Line Tract #4 FOR MOST OF WORKING LIFE)
installation Chase (railroad) carpeting USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21220 Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME George Linz, Mildred Maith 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO, OR UNKNOWN) Mildred A. Linz, (same as 13e) 219-68-1600 IAL - TRANSIT PERMIT. F O MENTAL HYGIENE, DIN ON, OR REMOVAL. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL -OF HEALTH AND MEI JRIAL, CREMATION, C lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 19g. DATE OF OPERATION E 3 SHOULD BE USED A DEPARTMENT OF HE OT PRIOR TO BURIAL, 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 5:20 RM 11/16 19 80 pedestrian struck by train NOT WHILE MainLine/Amtrack Tract#4/ServiceRd, Chase, AT WORK Baltimore Co.MD TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S
BALTIMORE, MARYLAND, 22a I certify that I taak charge of the remains described above, held an Inspection Suicide death resulted fram: Accident XX Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant DATE 11/17/80 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R.Guard, M.D. Penn Street.Balto.MD 21201 (TYPE OR PRINT) 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial Cedar Hill Cemetery Ritchie BP. 24 FUNERAL DIRECTOR J. Gonce, 4001 Ritchie Hg., Baltimore **DHMH-17** VR A15 ME (5)) 15M 2/80

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AMBROSE FUNERAL HOME

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		1.	1 - STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 7 6 0 9 CERTIFICATE OF DEATH								9	
noy be poge 3		1. DE	CEASED NAME FIRST OR PRINT)	nes	es A xxxxx Long				REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 26. HOUR 8 30			
nctor, po		3. SE	mole	Conc	Obucasian 76 CITIZEN OF WHAT COUNTRY? U.S.A.		4-20-94 xxxx x xxx x	6. AGE (IN YEARS LAST BIR		FUNDER LYEAR IF UNDER 24 HR.		
	35	Î	RTHPLACE (STATE OR FOREIGN DUNTRY) Aryland	U.S.A			D NEVER MARRIED DIVORCED	Baltimore City of Baltimor				
(A)	40	B	ultimore	S+ A	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTIT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) St Agnes Hoso			N 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Driver MTA				
AND Z1	35	13a S	ALRESIDENCE (IF NURSING HOM TATE 13b CC Aryland	e or other institution DUNTY Baltimore			13d INSIDE CITY LIMITS?	13e STREET ADDRESS 127A Vers	Cir 21	r 21204		
MAKTA test with ompletely and 2 if	30	_	FATHER'S NAME FIRST James Edward Long 15. MOTHER'S MAIDEN NAME FIRST ANDULE LAST Laura							LAS'		
TIMORE, or execution or sand co	The state of the s	16a. V	VAS DECEASED EVER IN U.S. ES, NO ORUNKNOWNIJ NEYES WW.1	ARMED FORCES? GIVE WAR OR DATES)	215-09-		17 INFORMANT Anne Malanow	ski 102 Kno		t21093		
RDS, 201 W, PRESTO equires that the death signed by the amend Then please removes co to buring, cremation, as	1	NO	0	DUE TO, OI	R AS A CONSEQUENT AS A CONSEQUENT RIBUTING TO	ence of	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1101		
L RECONTENTS In low report to the prior to	2	MEDICAL CERTIFICATION	190 DATE OF OPERATION	2-10 J GE W	TION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	VERE FINDING	S USED F DEATH?	
SICIA Pa placertificertificertial	9		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.	M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCUR	RED TENTER NATURE OF INJU	RY IN ITEM 18, PART	I OR PART 2)		
DIVISION DING PHY: or offer this e os the bud ofth and M			21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE.		21f. LOCATION STREET	CITY OR TOV		COUNTY	STATE	
A ATTENION OF A	*		22a. I certify that (I) (this has saw the deceased alive above (II) (we) (did))(did) 27b. SIGNATURE		ofter death.	3000 o	DEGREE ATTENDING	MEDICAL STA	ote and hour ar	-		
TO HOSPITAL of retoined by the TO FUNERAL with the Store E MADOPTANT.	1		Dee Lynn H	rubband r	N.D.			Baltimor		21229	(4.0)	
90 BP		-	urial, Cremation, Remov Burial	23b. DATE 11-8-			Park Cem	23d LOCATION CITY OF TOWN Baltimor	e			
DHMH - 16 50M 1/76 (VR A 15 (4))		24. FL	NERAL DIRECTOR NAME Mitchell-Wie	defeld Ho	ADDRESS	York	0.001.1.4	2 1980				

THE RESERVE OF STREET, STREET timed say is the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME FIRST 20. DATE KNOWN X MONTH Robert H. Lorenz 80 DEATH MATED 4 RACE SEX S. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 7 40 DATE LAST BIRTHDAY PRONOUNCED Ma1e White March 27,1928 57 YRS DEAD 19 80 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Maryland US DIVORCED Baltimore County O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 17b KIND OF BUSINESS Balto County Mechanic Catonsville Baltimore County General Hospital JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

30. STATE

Maryland

Baltimore

Catonsville 13d INSIDE (ITY LIMITS? 13e. STREET ADDRESS 512 Hilton Ave. atonsville 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Alfred Alice lorenz Hannel 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 216-12-6352 ves Lena M. Lorenz, 512 Hilton Ave. 21228 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Intracranial Hemorrhage IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, on ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Hypertensive Arteriosclerotic Cardiovascular Disease 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF YES X NO. 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR TIE PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE GRAITMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry ond in my opinion Natural causes XX Homicide Undetermined manner TITLE (SPECIFY) 11-3-80 Assistant DATE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 11/5/80 Burial Good Shepherd Cemetery Ellicott City, Howard, Md. 24. FUNERAL DIRECTOR 1630 Edmondson Ave., Catonsville, Me DATE REC'D. BY REGISTRAR **DHMH - 17** VR A15 ME (5)) Witzke Funeral Home of Catonsville, P.A.21228 NU 15M 7/76

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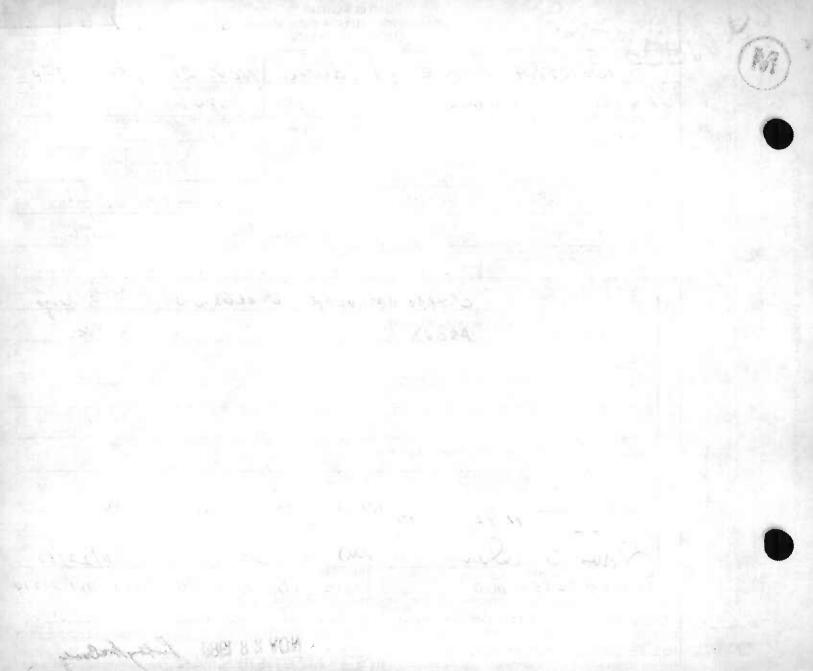
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Walter Brooks Bradley Inc. Dundalk Md

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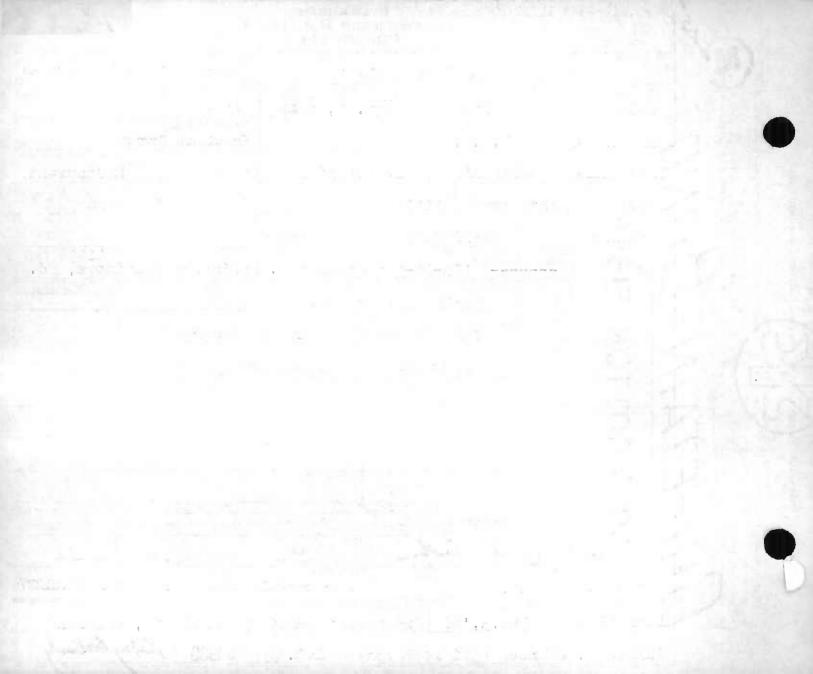


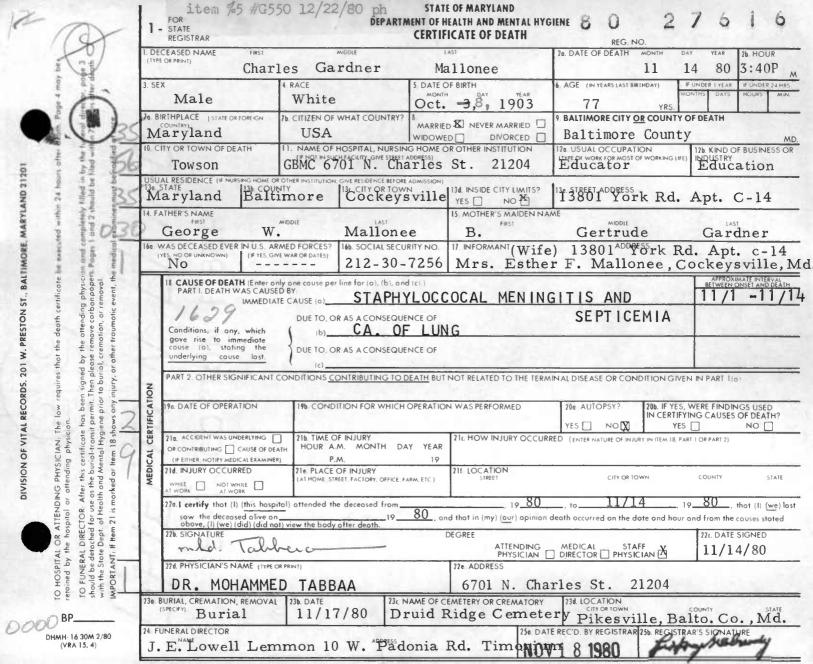
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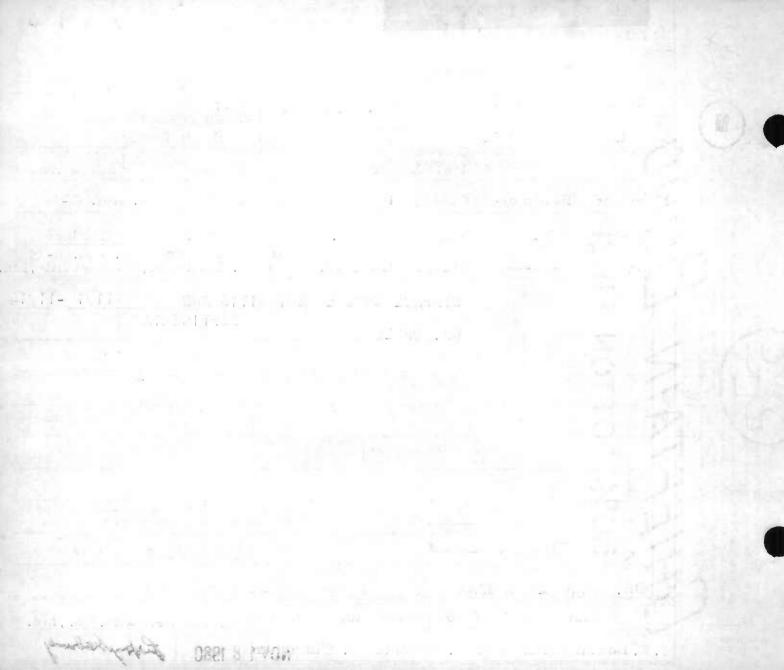
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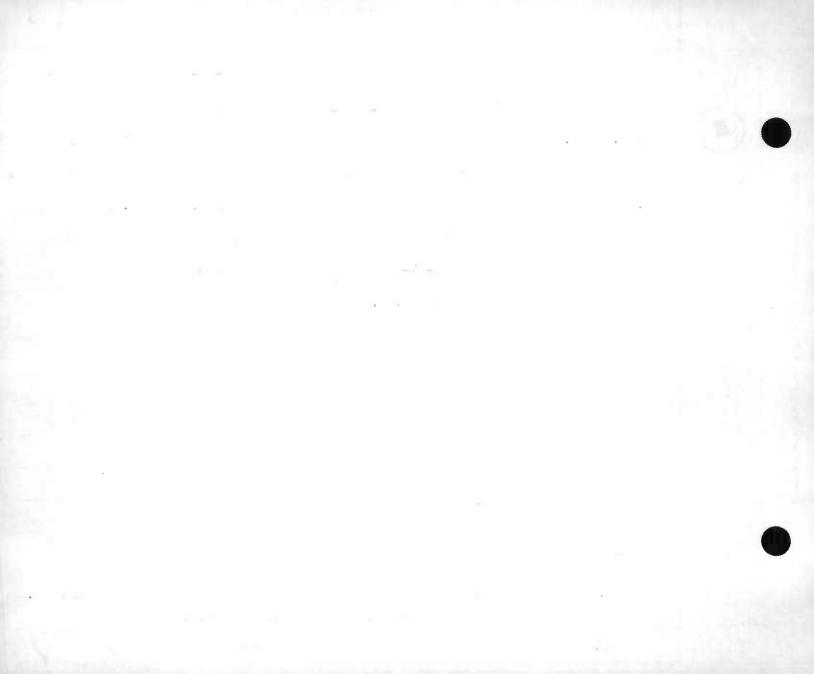




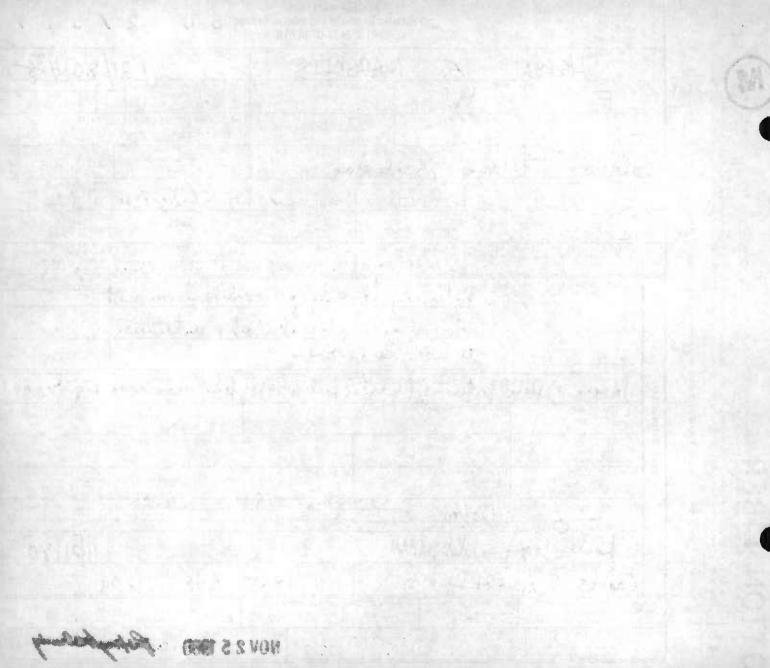
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) ESTI-19 80 MICHAEL 11 MANNING A. DEATH MATED 4. RACE SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY PRONOUNCED 1,80 male white 25 DEAD 70 BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Erie, Baltimore County WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS Woodlawn Royal Oak Ave. Construction USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS Catonsville Md. Branston Road YES [NO DE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST James Manning. Phyllis Jean Shreve 166 SOCIAL SECURITY NO 1905 Bransport Road-(YES, NO, OR UNKNOWN) P. Manning, Sr. - Catonsvil No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Asphyxia IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Hanging gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL, ICATE, WRITING THE WORL FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT C YES X NO [216. TIME OF INJURY HOUR XXXXMONTH DAY YEAR 21a EXTERNAL CAUSE WAS 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR Subject hanged self. CONTRIBUTING CAUSE OF DEATH 10 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME STREET, FACTORY, FARM, ETC.) Royal Oak Ave. CITY OR TOWN Balto. Md. WHILE AT WORK TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW PATER DEATH, WITH THE ST. BALILIMORE, MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my opinian death resulted from: Accident Homicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL 11-6-80 DATE Assistant SIGNATURE EXAMINER'S NAME Ann M. Dixon. 111 Penn St. M.D. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial New Cathedral Cemet -Baltimore, Maryland BP 24 FUNERAL DIRECTOR Sterling Juneral Estate GISTRAD'S SIGNATURE DHMH - 17 736 Edmondson Ave VR A15 ME (5) 15M 2/80 Catonsville, Md. 21228

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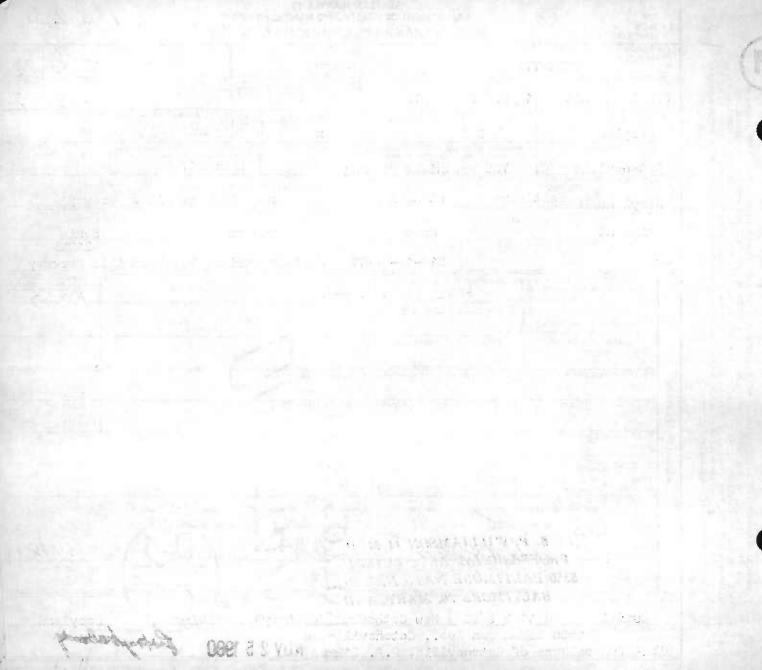
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	1	STATE OF MARYLAND	
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		REGISTRAR CERTIFICATE OF DEATH REG. NO.	
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filled ould ould		RYLAND BALTIMORE PIKESVILLE YES NO PIKESVILLE	
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MAR:		ALEXANDER M. GREENBERG MINNA SILVERMAN	
RE, A	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS #21208	
BALTIMORE, MARYLAND 2120 Tote be executed within 24 hours yistion and completely filled in by spers. Pages 1 and 2 should be fill yol. yol. it, the medical examiner/must be ref.		NO (IF YES, GIVE WAR OR DATES) 2/3-38-50/3 MR. MAX MARGOLIS 7 SLADE AVE., APT. 213	
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TTEN partal TOR for a		sow the decease a live an 120 80 19, and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated above, (1) (we) did (did not view the bady effect death	
OR AT OR AT DIREC Diched f Dept. of H tem.		22% SIGNATURE 1 220. DATE SIGNED	-
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15. MOTHER'S, MAME NODIE LAST SPECO Salvatora Serio		13a. S	TATE	13b. COUNT	TY	13c. CITY OR TOWN					ls Par	rkwav	
Vincent Greco Salvatora Serio			ATHER'S NAME		MIDDLE	(ACT		15. MOTHER'S MAIDE					
No. OR UNKNOWN CHIVES, ONE WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 219-14-04478 Felicia Marino, 736 Westhills Parkway (PYES, ONE WAS OR DATE) 196 CAUSE OF DEATH (Enter only one cause per line for (a), pstrand from part 10 EATH WAS CAUSED BY. MAREDIATE CAUSE (a) PART 10 EATH WAS CAUSED BY. MAREDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which que rise to immediate cause (a) storing the underlying cause loss. Co.					Moore			Salva	tora	MIDDEL			
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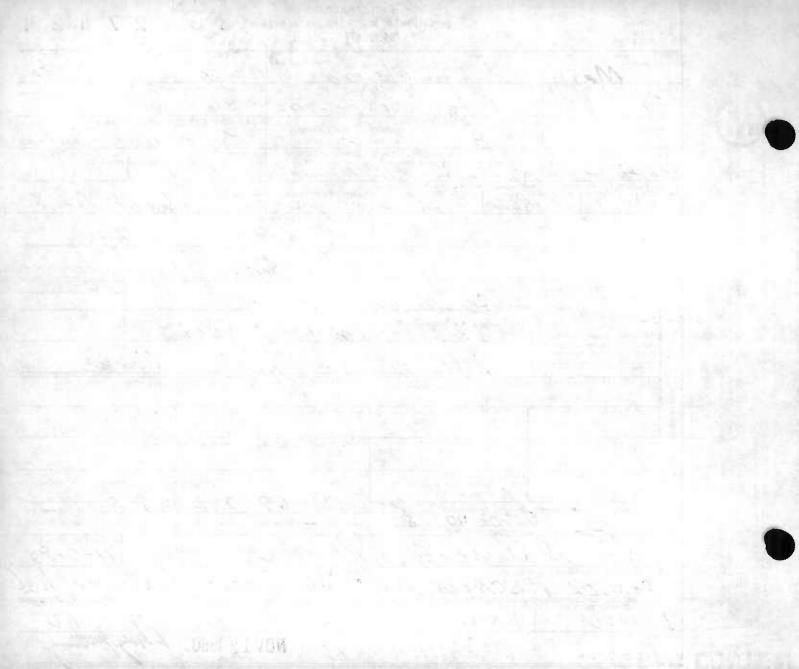
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN Sarafino (TYPE OR PRINT) OF ESTI-Sexutimo Matteo DATE OF BIRTH A. AGE (IN YEARS IF UNDER 24 HRS DATE BIRTHDAY PRONOUNCED Dec 31, 1888 Male White DEAD Th CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Italu Baltimore County WIDOWED G DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS IN SUCH FACILITY, GIVE STREET ADDRESS) ital OR INDUSTRY Carstruction Towson Retired USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 136 COUNTY Baltimore Parkville 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE, MD. 21201 Maruland YES [3332 Acton Rd NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME OK WILL MIDDLE MIDDLE LAST Matteo Unknown 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES. NO. OR UNKNOWN) Mrs Mary Chambers Same 219-05-5172 NO CAUSE OF DEATH (Enter only one cause per line to (a), (b), and (c APPROXIMATE/INTERVAL AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, ORAS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL. E DEPARTMENT C THE EXTERNAL CAUSE WAS THE TIME OF INJUR 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING MEDICAL ONTRIBUTING TO CAUSE OF DEATH THE PLACE OF INJURY 71d INJURY OCCURRED 21f. LOCATION LAT HOWE STREET WHILE AT WORK STATE (22a. I certify that I taak charge of the remains described above, held an Autopsy and in my apinion death resulted frage Suicide Homicide Undetermined manner Towson Maryland EXAMINER'S NAME York Rd Charles F O'Donnell M.D.TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY/ 23d. LOCATION STATE Baltimore, Maryland Holu Redeemer 11/25/80 Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** Leonard J Ruck INc. Baltimore, Maryland VR A15 ME (5) 15M 7/77

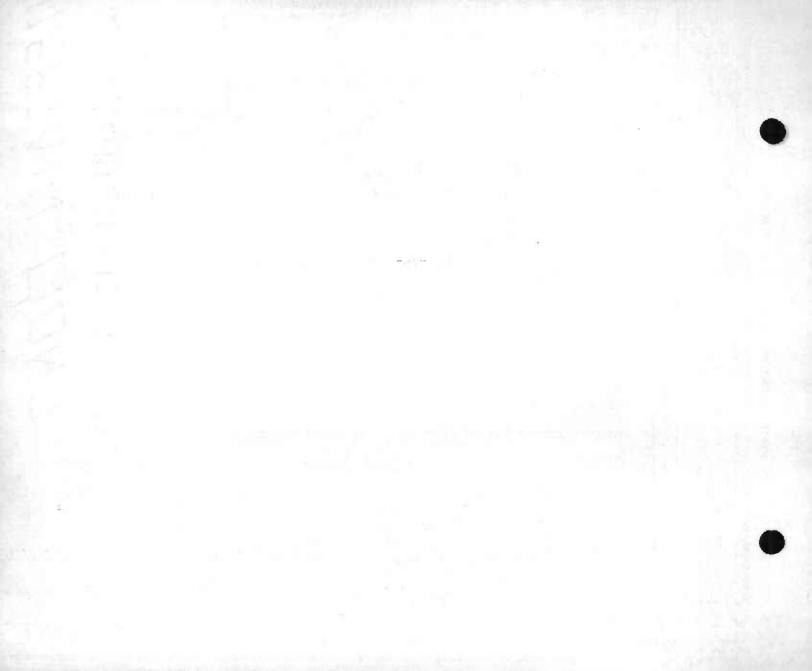
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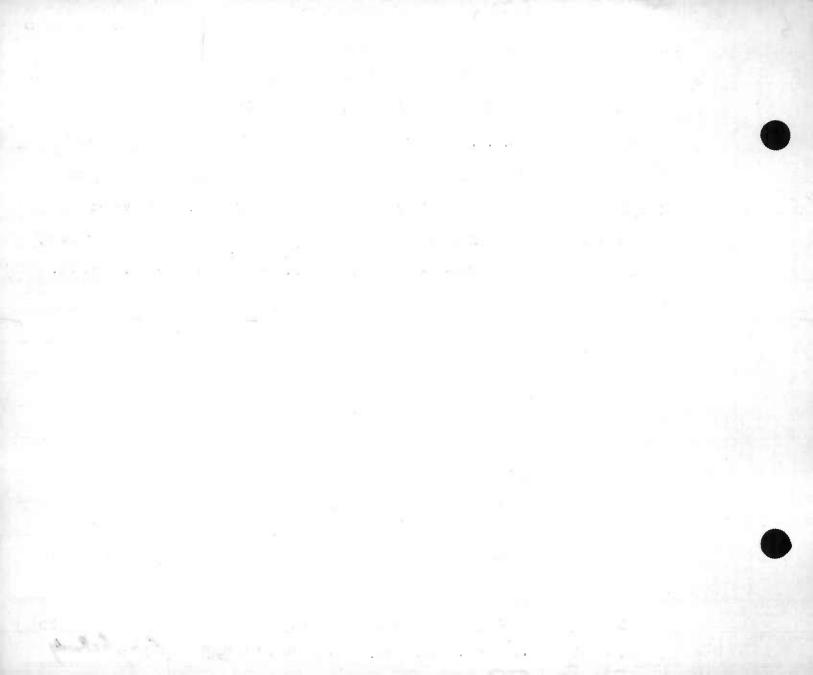
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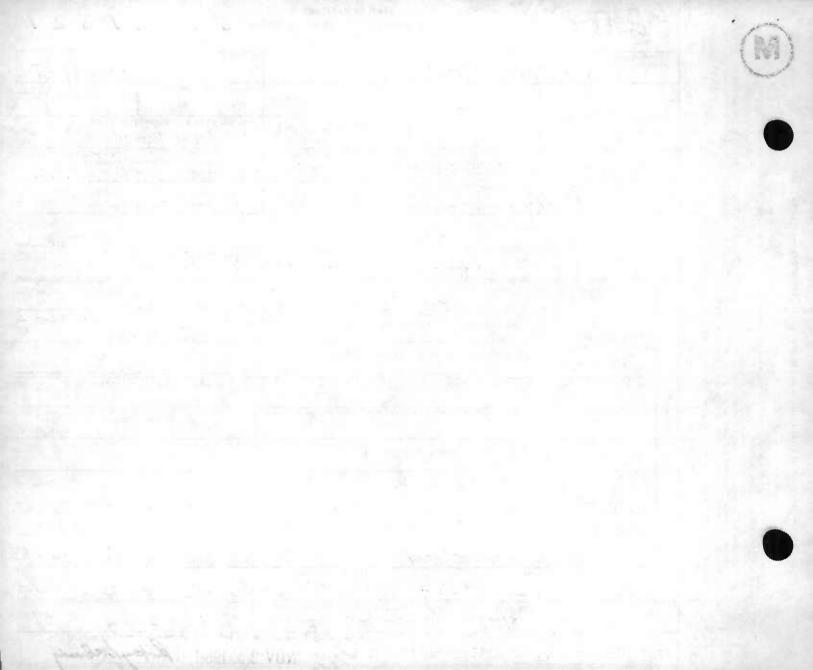
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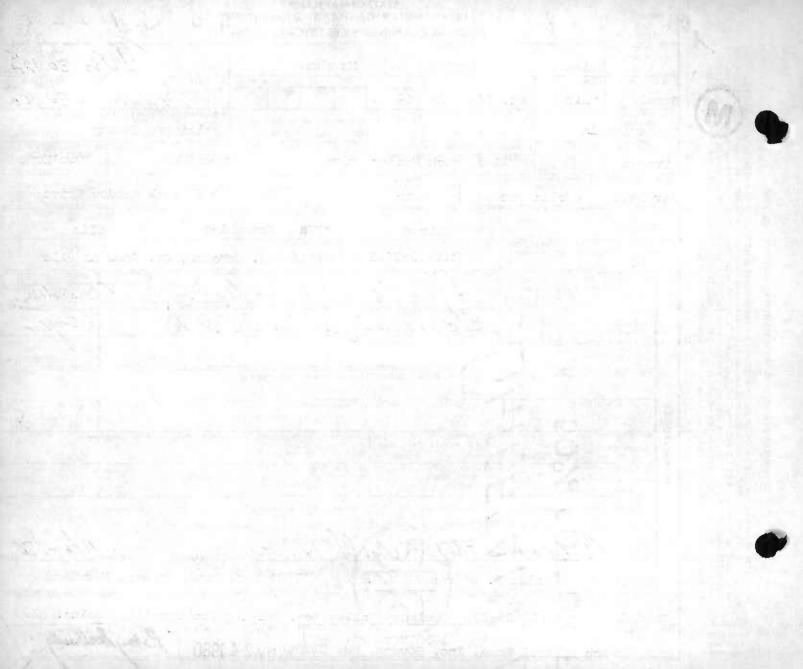


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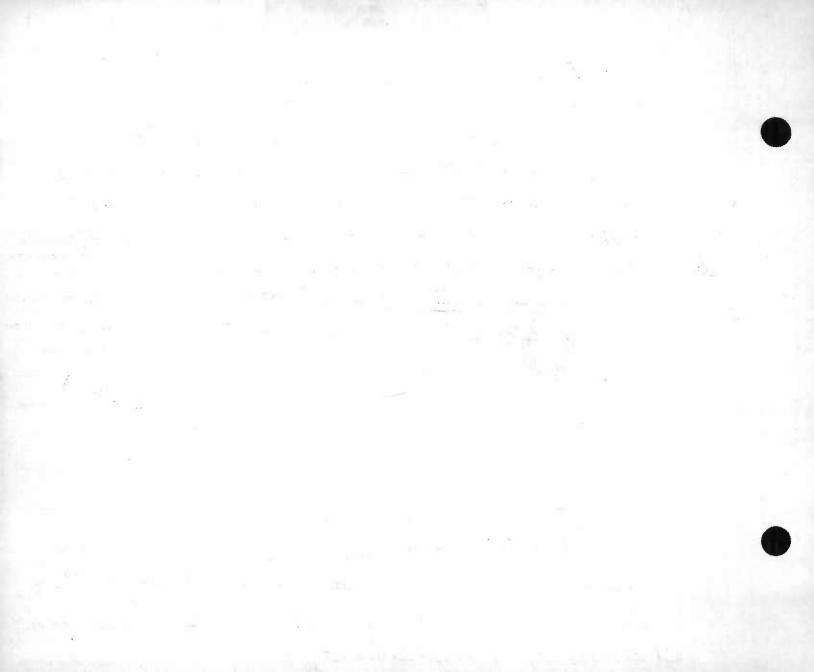
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O DATE KNOWN (TYPE OR PRINT) ESTI-McMahon Helen Louise DEATH MATED 4 RACE SEX 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE 2d. HOU LAST BIRTHDAY PRONOUNCE Female White 24. 1916 64 DEAD YPS To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
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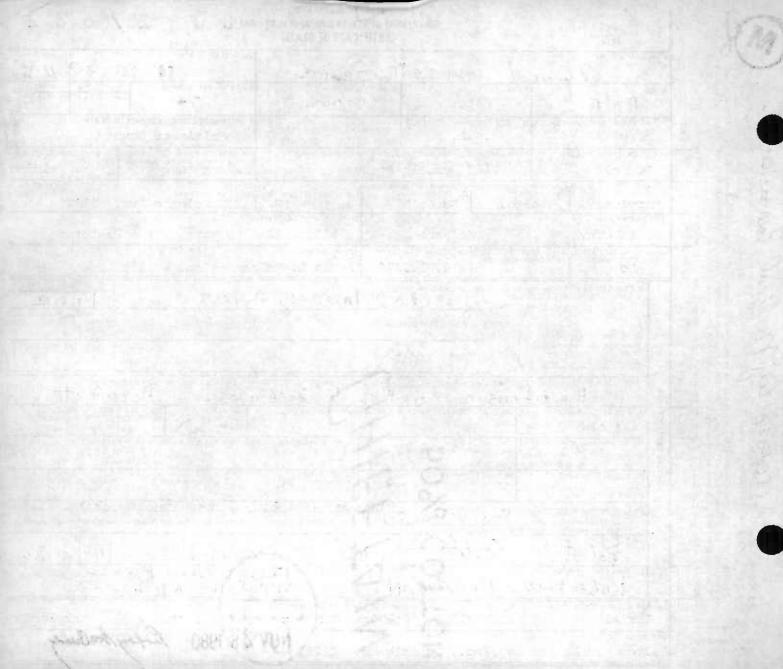
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V	3	3	i	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	27631
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH I. DECEASED NAME (TYPE OR PRINT) Frederick Mc 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 3/27/1906 Male White BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 1 IF NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h, KIND OF BUSINESS OR of in such facility, give street address)
2112 Dundalk Avenue LTYPE OF WORK FOR MOST OF WORKING LIFE Mfgr. Dundalk Maintenance Welding BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Rods 13d. INSIDE CITY LIMITS? OUNTY 13c CITY OR TOWN 13e STREET ADDRESS Maryland Balto. Dundalk 223 Colgate Ave. 21222 NO TX 4. FATHER'S NAME S MOTHER'S MAIDEN NAME Timothy MIDDLE Elizabeth MIDDLES McShane Marv Patterson 16h SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 216.01.9376 No Agnes L. McShane--Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line focio), (b), and (c) PART I. DEATH WAS CAUSED BY monaga noun DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 DIVISION OF VITAL RECORDS. CERTIFICATION PETOVOSILICY 20h. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NICNE NOP YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB. PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK Hugust November 220 I certify that (1) (this haspital) attended the deceased fram_ Novemberego and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive an oboxe, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 11.20.80 ould be detail the State 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS telman 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Maryland Baltimore Burial 11/24/1980 Oak Lawn Cemetery 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 Walter Brooks Bradley Inc., Dundalk Md. (VR A 15 (4))



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12/03/80

8728 Liberty Rd., Randallstown, MD 21133

- STATE

REGISTRAR

Burial

DHMH-16 30M 2/80

(VRA 15, 4)

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Druid Ridge Cemetery 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, P.A. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

REG NO

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IF UNDER 1 YEAR

26. HOUR

126. KIND OF BUSINESS OR

LAST

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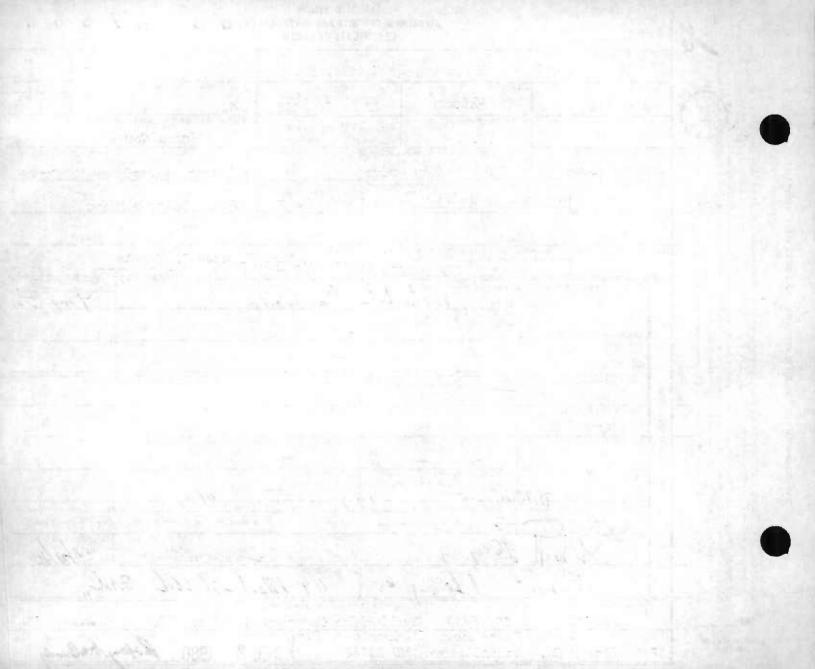
COUNTY

Baltimore

STATE

IF UNDER 24 HRS

20. DATE OF DEATH



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(NA)	1. DI	CEASED NAME FIRST BERTR	AN J.	MEYER		28. DATE OF DEATH	11 30	YEAR 26. HOUR 6:00,
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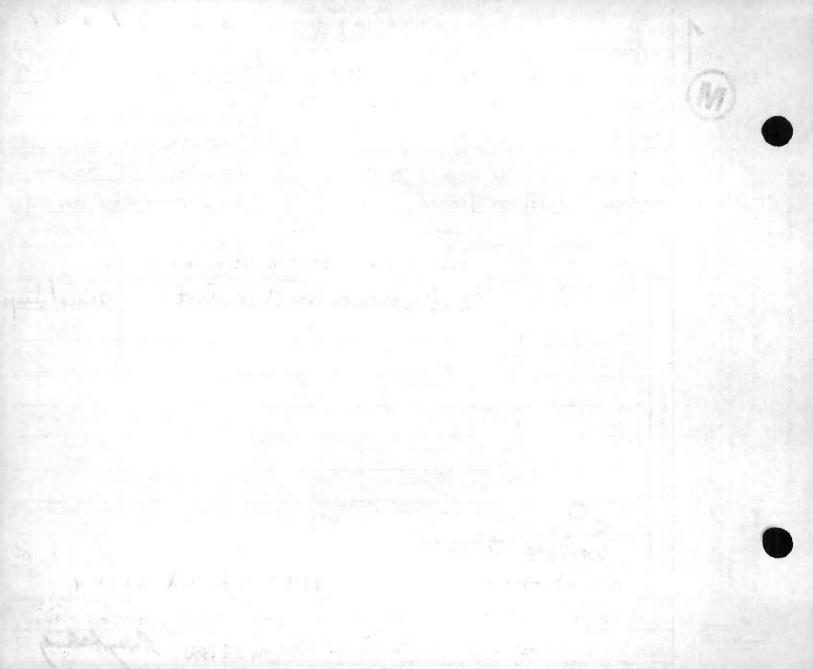
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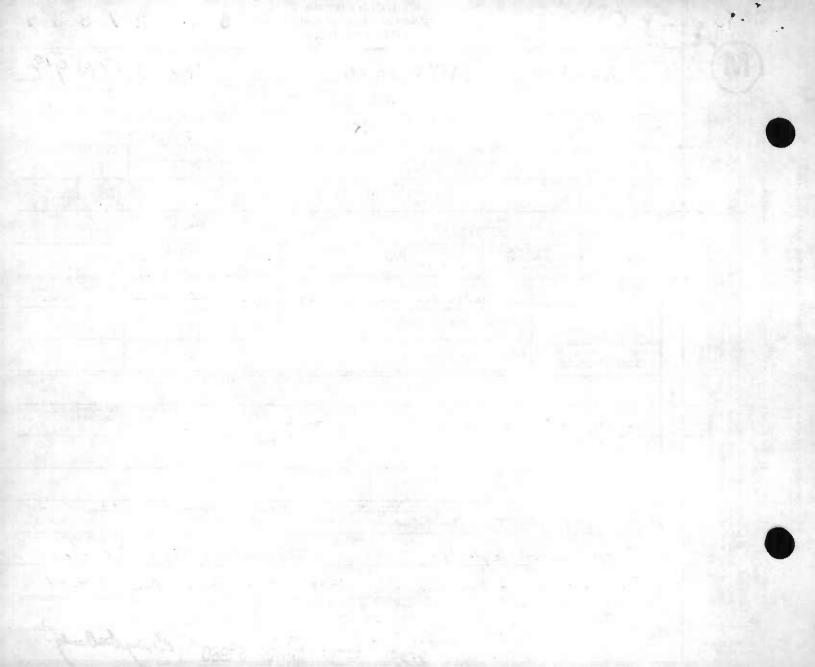
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event,

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	(TYPE	ISAE	BELLE	U	MOL	SBERG	Novembe	r 27	1980	12-15 DEM		
	3. SE		4 RACE		5. DATE (OF BIRTH	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS.		
		Female	Wh	ite	Jan		75	YRS.	MONTHS DAYS	HOURS MIN.		
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1		Md.	U.S.		WIDOWE	DIVORCED [Baltim	ore Co	ounty	MD.		
1		TY OR TOWN OF DEATH	(IF NOT IN SUI	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR MOS	ST OF WORKING LIE	E) INDUSTRY	F BUSINESS OR		
		Cockeysville AL RESIDENCE (IF NURSING HOME		York RO		(Broadmead)	Claims	Adjust	. I Insu	rance		
5	13a S	Md.		13¢ CÚTY Cº TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRES	s rthlanc	Road			
-	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	1		
0		John R	ichard	Uhlig		Cora	V.		Ingrha			
,		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADI	DRESS				
		No No	GIVE WAR OR DATES!	212-07-	0440	Earl R. U	hlig T	imoniu	m, Mo			
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)		220.1 certify that (M (this ha	spital ottended th	e deceased from	Sepi	122 1980	, to Nov	27	19.80	that (New lost		
		sow the deceased alive an Nov 27 19 80, and that in (by) (our) opinion death occurred on the date and hour and from the causes stated above, (we) (did) (end not) view the body after death.										
ř	. 9	22b. SIGNATURE) / DEGREE 22c. DATE SIGNED										
0		22d. PHYSICIAN'S NAME (TY	Charles Ze Ellicon MM ATTENDING MEDICAL STAFF 11-28-80 1214. PHYSICIAN DIRECTOR PHYSICIAN 11-28-80									
		Dr. Charles	E. E11	icott. M	D.	1134 York	k Road F	Balto	Md.			
		BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOCATION					
	(Burial	12-1-	80 L	orra	ine Park	Woodl	awn B	alto.	Md.		
	24 FL	UNERAL DIRECTOR HE	nry W.	Jenkins			TE REC'D. BY REGISTR.					
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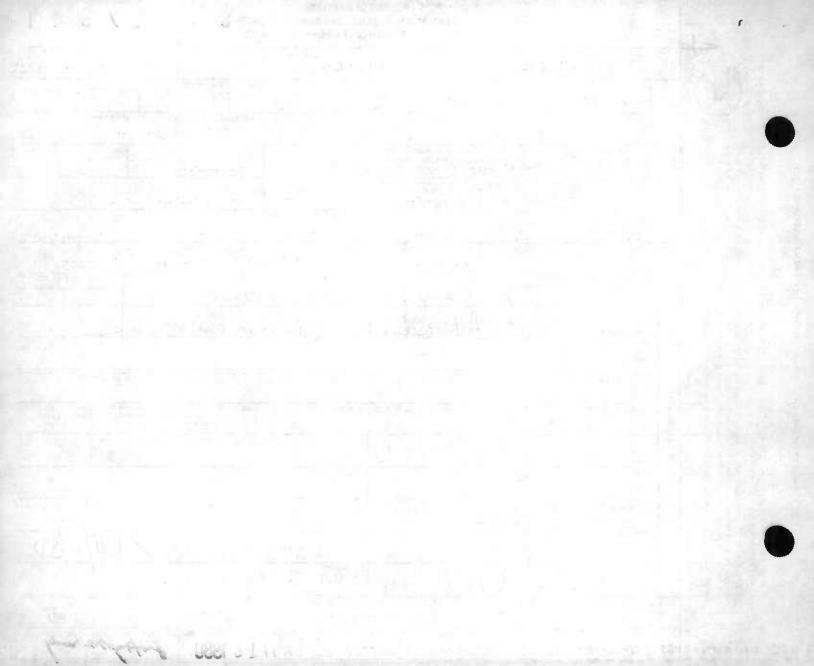
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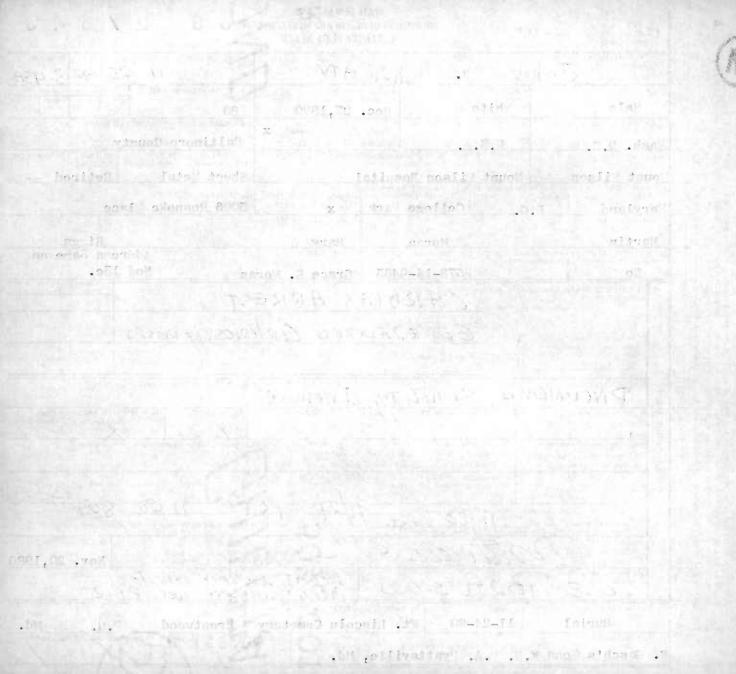
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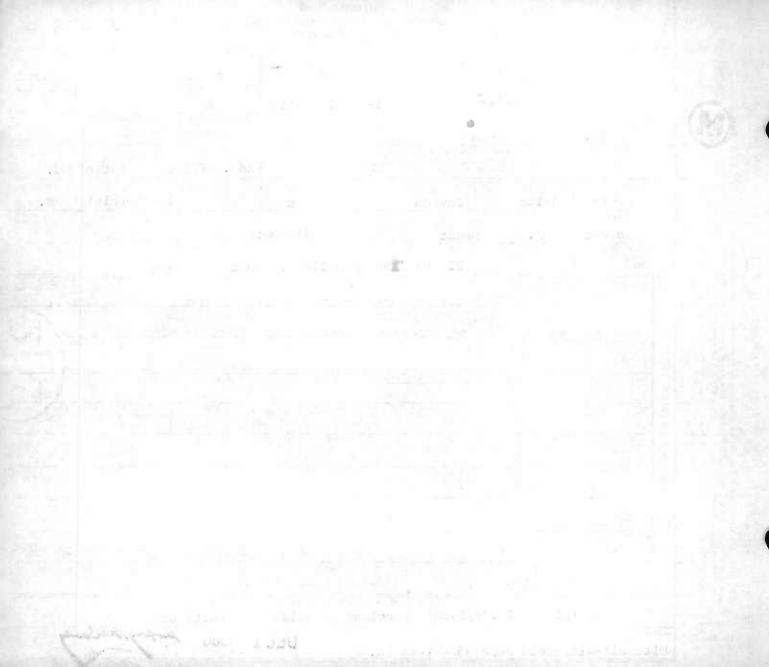
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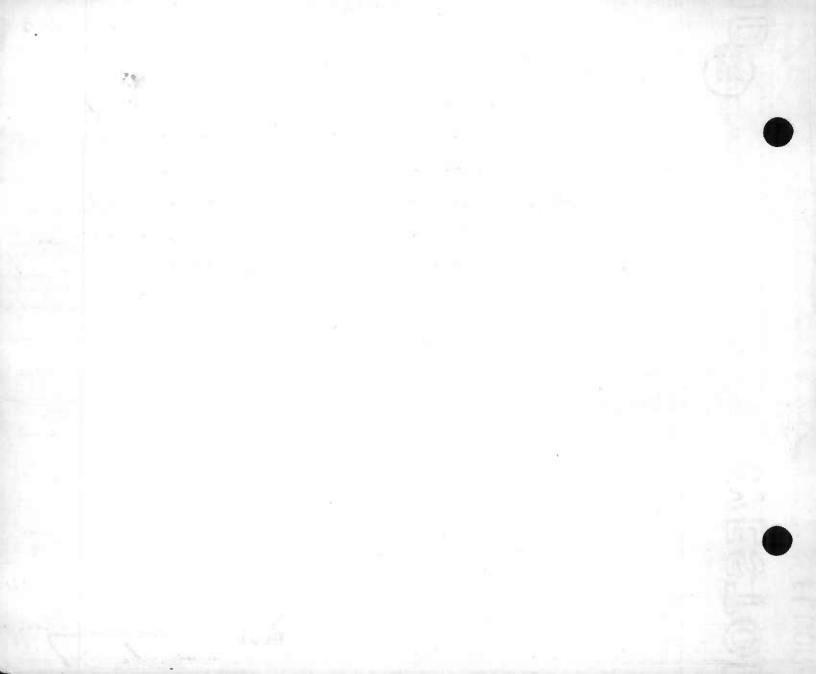
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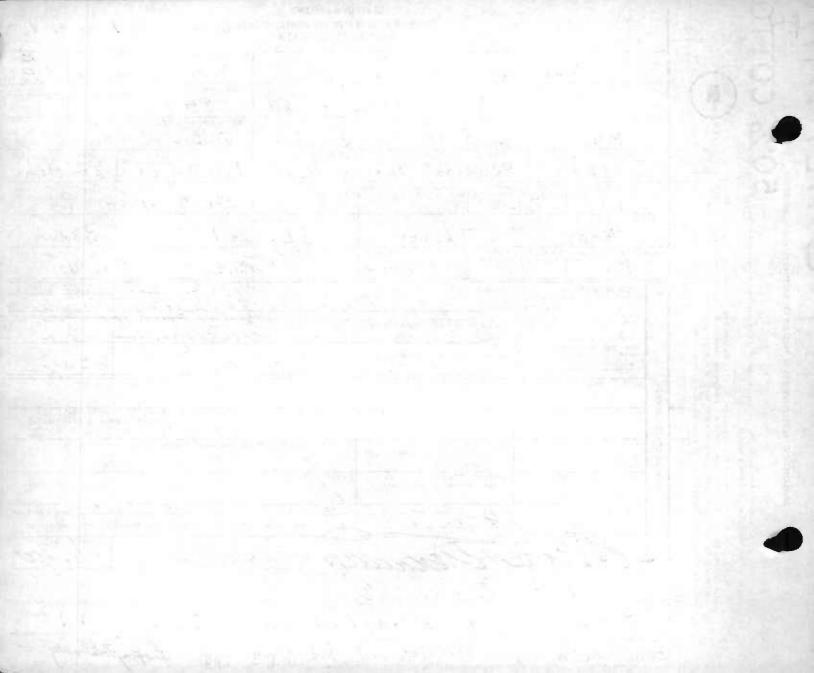
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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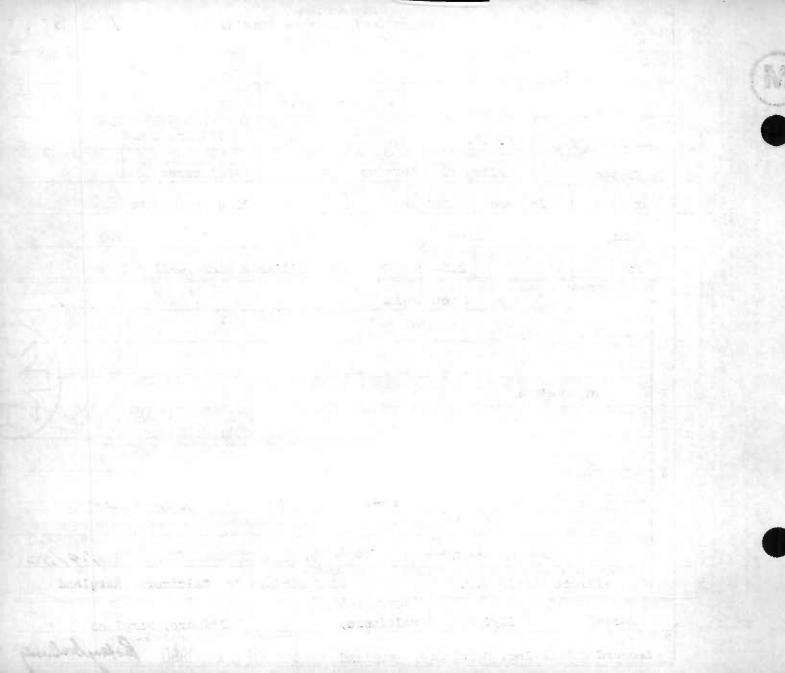
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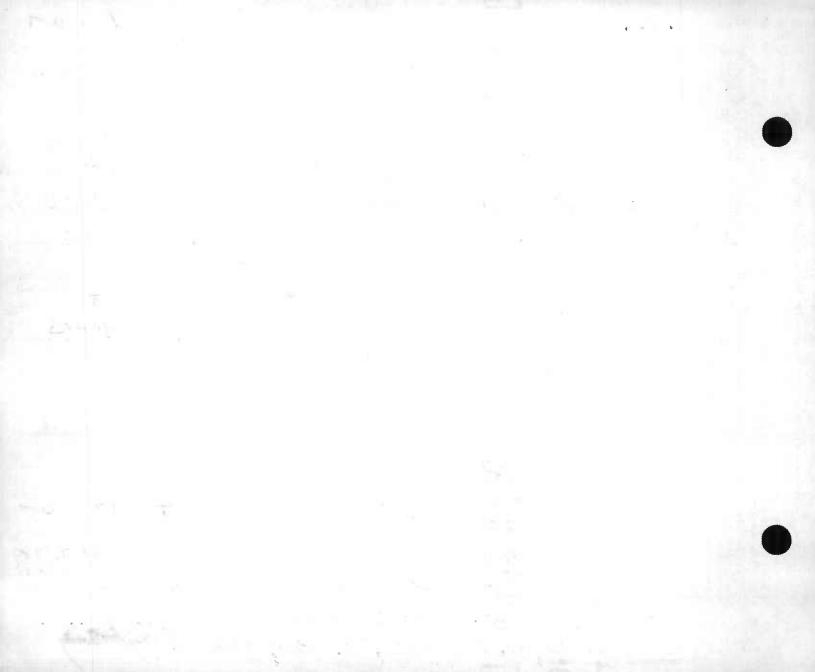
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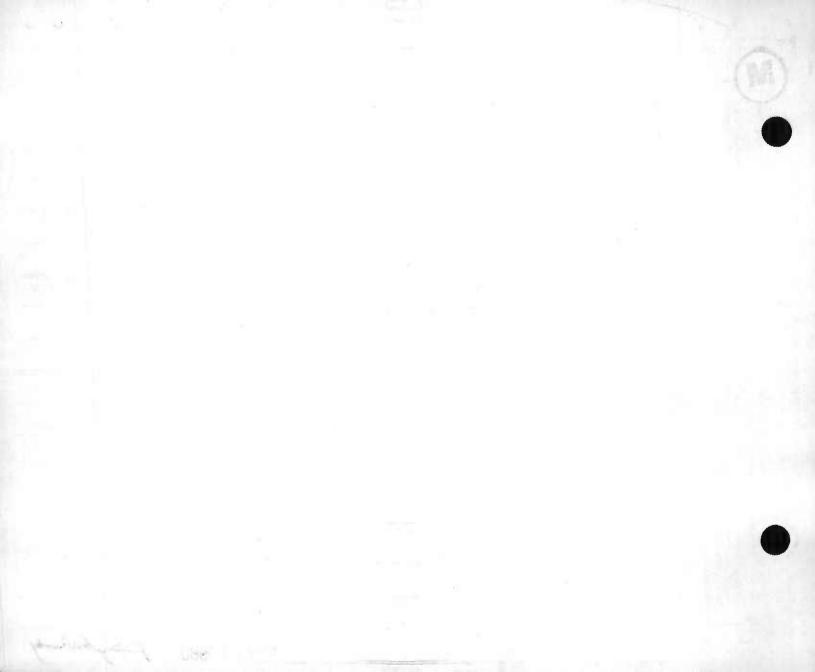
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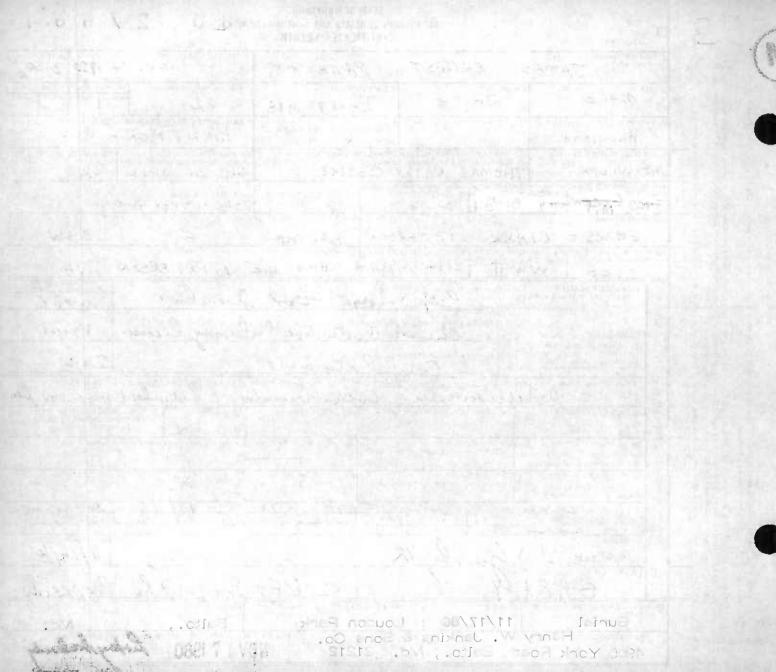
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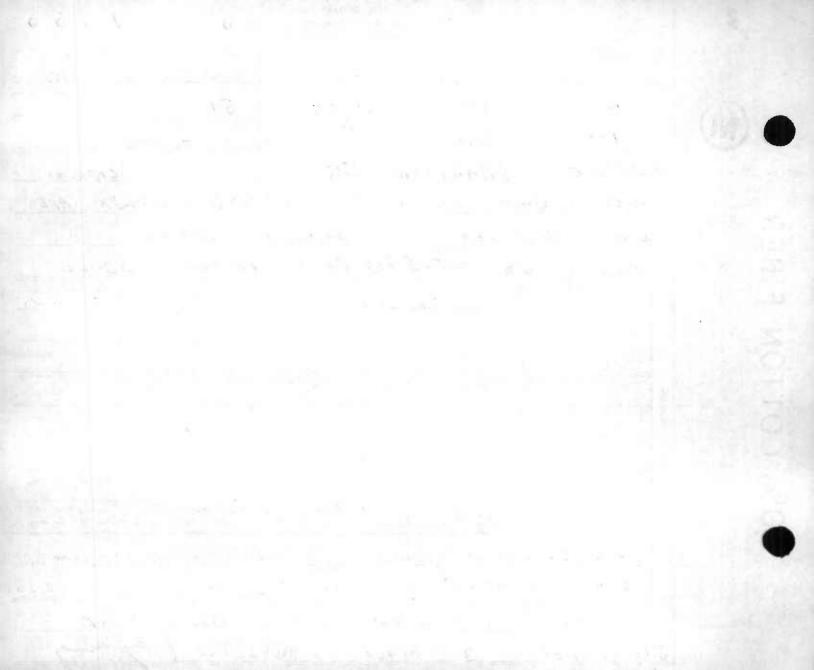


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DHMH - 16 50M 7/77 (VR A 15 (4))	24 FU	NAME 4905 York Ro	y W. Je bad Bal	to. Md	Sons 212	Co. 256	DATE REC'D	7 1980	Sb. RECORA	R'S SIGNATUPE	



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3	1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	27666
		REGISTRAR CEASED NAME FIRST	WIDOFE	LAST	REG. NO.	ITH DAY YEAR 2b. HOUR
98.3	(IAN	Charles	William	Peyton	November 5.	1980 7:34a
4	3. SE		4 RACE	5. DATE OF BIRTH MONTH YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
JA)	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	28	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
1		COUNTRY] MD	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C	ounts:
1	10. C	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OF
3	Re	DSSVILLE	(IF NOT INSUCH FACILITY, GIVE STREET	N SQ	TIPE OF WORK FOR MOST OF WO	CROWN
and state	USU 13a	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 130. CITY OR TOV	VN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ARL'IN AUF
Xeminer must	14. F.	ATHER'S NAME FIRST	MIDDLE LAST	IS MOTHER'S MAIDEN N FIRST MILDRED	WIOOFE	LAST
dicol exe		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
medico	(VE WAR OR DATES) 2 1.5-2	8-1833 BETTY	PEYTON	ABOVE
irial, cremation, ar remava , ar other travmatic event,		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	JENCE OF		30 minuto
prior to bu	CERTIFICATION	19a DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 200	b. IF YES, WERE FINDINGS USED
shows 2	F				YES NO NO	CERTIFYING CAUSES OF DEATH?
8		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
rked ar Hem	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	21f LOCATION	CITY OR TOWN	COUNTY STATE
e Dept. of Healt If Item 21 is mo			ot) view the body after death.	DEGREE ATTENDING	MEDICAL STAFF	, 19, that (1) (we) lo and haur and from the causes stated 22c. DATE SIGNED
with the State		22d. PHYSICIAN'S NAME (TYPE OF	ORPRINT) N SHEND J	22e ADDRESS	Profession Physician	November 5,]
₹ 3 ₹		BURIAL, CREMATION, REMOVAL		ARDENS OF SALT	CITY OR TOWN	COUNTY STATE
		0.1111	10/00	11/1/1 -(3 (1/1/1/	H BACTO.	MA



6-18.5	1.	FOR - STATE	DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG	IENE 8 0	27667	
(M)		CEASED NAME FRST PRST PARTY PE	ter Pir	CATE OF DEATH	REG. NO.	27 80 78 HOUR 5	
Page 4	3 SE	male Whi	te S DATE OF MONTH	BIRTH DAY 1908		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN	
funeral d	1/k	w York U.	OF WHAT COUNTRY? MARRIED WIDOWED OF HOSPITAL NURSING HOME OR	The state of the s	Baltimore city of col	e MD.	
hours after in by the filed with	K	AF NOT IN	GOLFACATY, ONE STREET ADDRESS)	relescant	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) SECTION Chief	INGLIFE INDUSTRY SECURITY	
YLAND 2	m	STATE APY/GAD Baltimore ATHER'S NAME	ReisferstenA	134 INSIDE CITY LIMITS? YES NO 1	130 STREET ADDRESS / Le	y Dr.	
xecuted was a sound of the soun		rederick MODLE NAS DECEASED EVER IN U.S. ARMED FORCES	Pirone. S? 160 SOCIAL SECURITY NO.	Angela 17 INFORMANY	MIDDLE	Gennaro	
icate be exican and ers. Pages val.	0	VES, NO OR UNKNOWN) IF YES, GIVE WAS OR DATES IF YES, OF DEATH (Enter only one couse)	13/8-10-1776	Dorothy 1	P. Pivone 5	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PRESTON ST., 8 at the death certif the attending phy; move carbon pap emation, or remo		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	mile	som lu	none	3 mln ?	
DS, 201 W. Prequires that requires that signed by the en please remote burial, cret to burial, cret injury, or or or	CERTIFICATION	Z		O, OR AS A CONSEQUENCE OF	OT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1101
TAL RECORI		198 DATE OF OPERATION 198 CON	MA YNWWW	WAS PERFORMED	200 AUTOPSY? 200. I	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO	
OF VII.	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH HOUR	A.M. MONTH DAY YEAR P.M. 19 ICE OF INJURY	211 HOW INJURY OCCURR 211 LOCATION	ASTI MI YRULMI FO SRUTAM RSTMS) CIS	A 18, PART 1 OR PART 2]	
DIVISION TO A TENDING TO A TEND	ME		E. STREET, FACTORY, OFFICE, FARM, ETC)	STREET 19. 5/	city or town	COUNTY STATE	
DIRECTO Ched for us Dept. of H	If Item	sow the deceased alive on above. (I) (we) (did) (did not) view the ba	ody ofter death.	that in (my) (our) opinion d EGREE ATTENDING PHYSICIAN	death occurred on the date and	hour and from the couses stated	
TO HOSPITA retained by the TO FUNERAL should be detained with the State IMPORTANT:		DR MAURICE Ft	LAWANDE SE	220 ADDRESS	POSS COUNT	RY BLUD	
BP	1	BURIAL, CREMATION, REMOVAL 23b. DATE	1-1880 Cedar	GIOUE	23d LOCATION SITY OF TOWN FUShias	Well Pork	
DHMH-16 25M (VRA 15, 4) 1/79	TA	iname D. Fletcher	West winster	N.21157	RECID. BY REGISTBAR XXVIII	7	

Kardin low And March Con South March Shall bear to Prophal Believe Respective - St Chiefly M. S. Fristensky M. Garnero Jes 50 race may be my 25 45.05 55 mm some Theres O FEEL LESS English William Dear Brown States

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Plempel Sr. David M. 15, 80 11 2, AND 3 TO THE FUNERAL DIRECTOR.

SHOULD BE FILED, WITHIN 22 HOURS

RECORDS, 201 W. PRESTON SIRET. DEATH MATED 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 1:40 DATE MONTH PRONOUNCED 19 80 Male White 15 12 DEAD P . M TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED M NEVER MARRIED FOREIGN COUNTRY) Baltimore County WIDOWED [DIVORCED Marvland 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Bethlehem Steel Dispensary Sparrows Point Electrician Beth. Steel 13a STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Glen Burnie Arundel 8017 Cross Creek Drive YES [Anne NO T AND 2 STAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Plempel.Sr. Pauline Annette Gilliam ARMED FORCES? fred C. Prempel. Jr.-21061 DIVISION Yes Vietnam Cross Creek Dr. Glen Burnie 216-52-2157 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). RIAL - TRANSIT PERMIT. ID MENTAL HYGIENE, D ION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. USED AS A BURI, OF HEALTH AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES X NO [2 SHOULD BE DEPARTMENT (210 EXTERNAL CAUSE WAS 7Th. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) X OR HOUR A.M. MONTH DAY YEAR UNDERLYING 9:30 ROOK CONTRIBUTING CAUSE OF DEATH 151980 subject was on a truck which turned over 711 LOCATION TO MEDICAL EXAMINER: THIS CER EXCUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PF WHILE AT WORK steel plant S.E. corner of Pyrite Bldg., Sparrows Point, Balto. Co., Md. 22a I certify that I taak charge of the remains described above, held on Autopsy Natural causes Undetermined monner TITLE (SPECIFY) ACTUAL DATE 11-16-80 Assistant SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 1980 Crownsville Vet. Cem. Crownsville A.A. Maryland BP 24 FUNERAL DIRECTO Duda-Ruck, Line. 250. DATE REC'D, BY REGISTRAR 256. REGISTAR'S SIGNATURE **DHMH-17** Wise Avenue Dundalk, Md. 21222 (VR A15 ME (5)) 15M 2/80

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HA		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 7 6 6 9	
6		- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
në në		1. DECEASED NAME FIRST (TYPE OR PRINT) MICHAE	MIDDLE PLUHAR SV. 2R. DATE OF DEATH MONTH DAY YEAR 20. HOUR 11-26-80 1030	
age 4 may be ector, page 3 s after death		SEX MALE W	HITE S DATE OF BIRTH DAY JUNE 7, 19 YEAR 6 AGE (IN YEARS LAST BIRTHDAY) WONTHS DAYS HOURS MIN FUNDER 1 YEAR IF UNDER 1 YEAR WONTHS DAYS HOURS MIN YES	
in dire	12	TR. BIRTHPLACE (STATE OR FOREIGN Th. CITIZE	EN OF WHAT COUNTRY? MARRIED WEVER MARRIED P. BALTIMORE CITY OR COUNTY OF DEATH	
r deal	0	PennA.	1. S.A. WIDOWED DIVORCED BALTIMORE COUNTY MD.	
201 Surs afte by the fed with	3	RANDALISTOWN BA	ME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OT IN SUCYFACILITY, GIVE STREET ADDRESS) A ITIMORE CO. Gen. HOSP. ACCOUNTANT Ship Building	
AND 21: hin 24 ho rilled in uld be fi	35	USUAL RESIDENCE IN NURSING HOME OR OTHER INST	134 CITY OR TOWN 1 134 INSIDE CITY LIMITS? 134 STREET ADDRESS.	
maryll cuted with and 2 short	30	FATHERS NAME PIND MIDDLE	PLUMAN JULIA MODE BOLIUS	
MORE, be exect n and con Pages 1 a	1	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DA	ATES) 16 SOCIAL SECURITY NO 17 INFORMANT PLULAR ADDRESS MILLPAINT LANCE ATES) 167-07-7691 Andrey Pluhar Owings Wills and	
W. PRESTON ST., BALL s that the death certificate by the attending physicis se remove carbon papers! I, cremation, or removal. or other traumatic even	other	or other	Conditions, if any, which gove rise to immediate couse Ia's, stating the underlying couse lost	E TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF
RDS, 201 Inv requires een signed the Then pleass or to burial any injury,		PART 2 OTHER SIGNIFICANT CONDITIO	ons contributing to death but not related to the terminal disease or condition given in part) (o)	
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YSIC hysichysic cert cert li-tra ntai	9	OR CONTRIBUTING CALISE OF BEATH	TIME OF INJURY DUR A.M. MONTH DAY YEAR P.M. 19	
/ISION ING PH anding fter thi and M arked o			PLACE OF INJURY 10ME, STREET, FACTORY, OFFICE, FARM, ETC.) 21 LOCATION STREET CITY OR TOWN COUNTY STATE	
TTEN alor a TDR use a F Hea		22a.l certify that (1) (this haspital) attended as saw the deceased alive an above. (1) (we) (did) (did not) view the	-20 - 19 . and that in (my) (our) opinion death occurred on the date and haur and from the causes stated	
OR OIR		Som cheel	HOVE ATTENDING MEDICAL STAFF 122. DATE SIGNED 1/26-80	
TO HOSPITAL retained by the ITD FUNERAL is should be detact with the State DIMPORTANT: 1	1	224 PHYSICIAN'S NAME (TYPE OR PRINT) SOON CHUL	- HONG Baltonore County Seneral Hosp's	
BP		230 BURIAL, CREMATION, REMOVAL 230. DA	29, 1480 Edgewood Cem: SAIT burg Indiana Co. Penna.	
DHMH-16 25N (VRA 15, 4) 1/7	1	24 FUNERAL DIRECTOR J'AME ENHARCH TAME ENHARCH THE CHARLES THE CHA	Owings Mills, Wed	

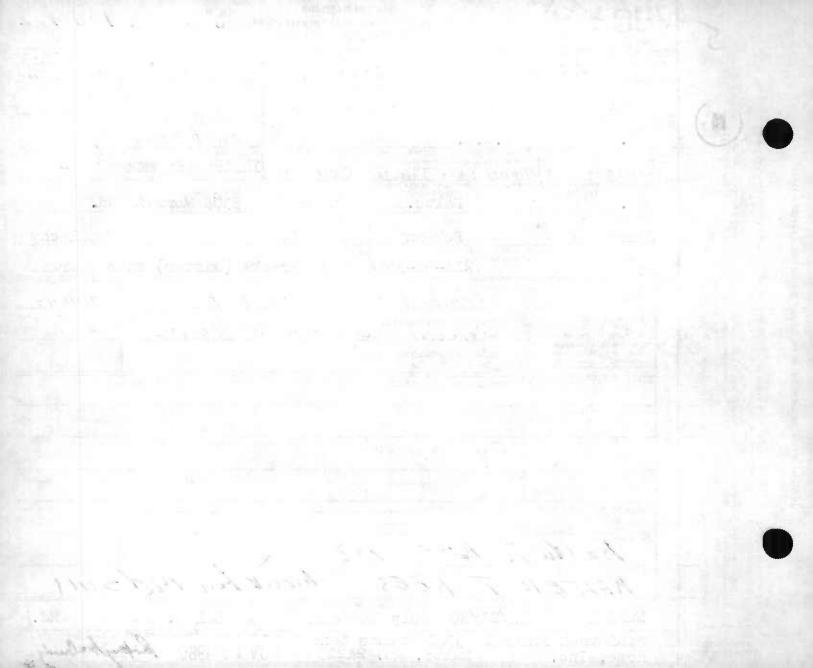
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20. DATE OF DEATH 26 HOUR TYPE OR PRINTI 8:15 A November 30 1980 Edith Poe Anna 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. MONTH YEAR Female White 11 1915 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA Baltimore county WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Housekeeper Self-employed St. Joseph Hospital Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Baltimore Rosedale 6710 Haven Oak Court-Apt. Maryland NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Atkinson Carrie Jones ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 219-20-9835 8629 Delegge Road Anna I. Dorbert APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Y/251 ana IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OR CONDITION GIVEN IN PART CERTIFICATION 201 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICHOPERATION WAS PERFORMED 20a. AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [NO YES | 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED ra 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the aleceased fram, sow the deceased olive on and that in (my nian death occurred at the date and hour and from the couses stated above, (1) (we) (did) (did nat) view the bagy after death. DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Oh 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION, REMOVAL 23b. DATE CITY OR TOWN Burial Gardens of Faith Overlea Baltimare 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4)

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5	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	27672
nay be page 3 death	I. DECEASED NAME FRAN	K MIDDLE	POKORNY	20. DATE OF DEATH N	70V. 18 1987 72:35
age 4 ma	Male	White	Jan 20°1902	6. AGE JINYEARS LAST BIRT	HDAY) HUNDER I YEAR HUNDER 24 HRS MONTHS DAYS HOURS MIN YRS
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	U.S.A.	MARRIED NEVER MARRIED M	Baltimore city o	County OF DEATH County MD.
by the forest by	TOWSON		TADDRESS) Busson Baltairy	17a USUAL OCCUPATE TYPE OF WORK FOR MOST OF INSTRUMEN	
ARYLAND 2120 ed within 24 hou 12 should be filed a examiner muss	USUAL RESIDENCE IF NURSING HOME COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM TO BALLO	READMISSION 134. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 5305 Mo	ravia Rd.
E, MARYLA completely 1 and 2 sho	14 FATHER'S NAME FIRST James	MIDDLE POKOT	ny Marie		Vopolechy
BALTIMORE, ificate be execution and coopers. Pages 1 a cooper, the merent, the merent.	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (1# YES, GI	RMED FORCES? 166 SOCIAL SEC 214-01		ADDRE oks (siste	
201 W. PRESTON ST., uires that the death cert please remove carbon pa purial, cremation, or rem jury, or other traumatic	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEON (b) Cere bra (b) Cere bra DUE TO, OR AS A CONSEON (c)	JENCE OF Vascular Arteria	al Sclero	
AI RECO	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING		H OPERATION WAS PERFORMED	YES NO	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law required by the sorth of the state of the st	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI IF EITHER, NOTHY MEDICAL EXAMINE! 21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IY IN ITEM 18, PART I OR PART 2)
A C C C C C C C C C C C C C C C C C C C	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOW	COUNTY STATE
TO HOSPITAL OR ATTE retained by the hospital or TO FUNERAL DIRECTO should be detached for us with the State Dept. of H IMPORTANT: If Item 21	sow the deceosed olive of obove, (1) (we) (did) (did) no 278. SIGNATURE 276. PHYSICIAN'S NAME (TYPE	of) view the body after death.	DEGREE	MEDICAL STAF	ate and hour and from the causes stated 27c. DATE SIGNED FINAL
DD OT Shoot	230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY OLY Redeemer	234 LOCATION Balto	
042 DHMH-16 25M (VRA 15, 4) 1/79	Home. Inc.	Tuneral 3331. Balto	Brehms Lane Md. 21213	OV 1 9 1980	25h. REGISTRAR'S SIGNATURE



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	PLEATER THE SECOND CONTRACTOR OF THE SECOND CO	

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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STATE OF MARYLAND

DHMH - 16 50M 7/77 (VR A 15 (4))

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Resz. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE ___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED Sacred Heart Cemetery Baltimore County, Md. Buria 1 24 FUNERAL DIRECTOR 25a. DATE REC'D, BY REGISTRAR 754 SEGISTRAR SEGISTRAR Bruzdzinski Funeral Home PA 1407 Old Eastern Aven IV

STATE OF MARYLAND

2h HOUR

126 KIND OF BIDSINESS OR

LAST

DAYS

IF UNDER 24 HRS

TOTAL STREET, AND ADDRESS OF THE PARTY OF TH April 10 20 100 100 The second of the second , Juneo errouteffell distributed and which words the first the first the court of the All sed number - 160 a last albit promit int The Residence of the second se ov. St. 1 He beared carb or and with core country, Mr. Condenses Court of the CA State Contract Ave. I

DHMH-16 30M 2/80 (VRA 15, 4)

ner must be positied at office.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical exam

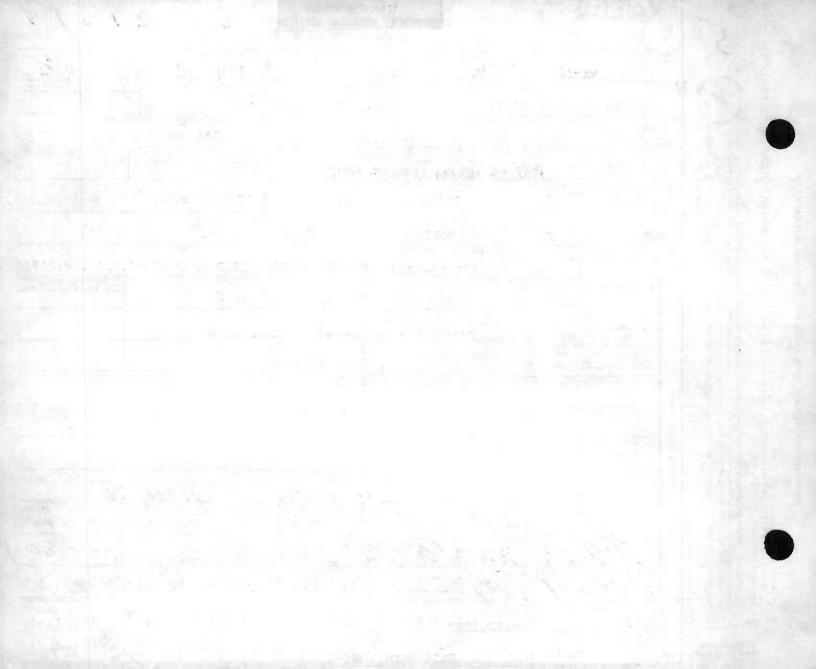
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR - STATE REGISTRAR		DEPA		EALTH AND MENTAL HYG	IENE 8 0	2	7 5	78
\		CEASED NAME FIRST MARI		WIDDLE		ESTI	NOVEMBE		1980	1:00 A _M
	3. SE	x Male	4 RACE White		S. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) III	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7		IRTHPLACE (STATE OR FOREIGN COUNTRY) Italy	76. CITIZEN OF	WHAT COUNTE	RY? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY		MD.
8		TOWS ON	11. NAME OF			OSPITAL	12g USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON DF WORKING (IFE)	126 KIND O INDUSTRY	OF BUSINESS OR
35	130. S Ma	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEI 13c. CITY OR TO Baltim	OWN	13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS 2911 Echoo	dale Av	re .	
90	14. FA	ATHER'S NAME FIRST Sebastian	WIDOLE	Presti		15. MOTHER'S MAIDEN NA/ Maria	WE	.5	Sabato	st
2		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O NO	ARMED FORCES? GIVE WAR OR DATES)	216-58		17 INFORMANT Mr Sebastian	ADDRE 1 Presti 84.		e Cres	t Dr
	NO	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED IN MEDICAL Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, O	Me to. R AS CONSES R AS A CONSEC	STATE SUENCE OF DUENCE OF	RECTAING ARC	INOMA	DITION GIVE		ONSET AND DEATH
2	CERTIFICATION	196 DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES		NGS USED OF DEATH?
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2]	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFIC		21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		270-1 certify that & (this has sow the deceased alive above, of (we) (did) (34). The SIGNATURE THE PHYSIC AND STAME (IN	pitol) N'O Ted th	after death	, or	nd that in (N) (our) opinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS St. Jose	MEDICAL STAL DIRECTOR PHYSIC	F /		
	23a. B	SURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 11/2			EMETERY OR CREMATORY Redeemer	23d LOCATION Ballerino	re, Ma:	ryland	STATE
Le	24 FL	uneral director ard'and Ruck Inc	. Baltimo	ore, Mai	syland	NOV	e rec'd. by registrar 2 4 1980	fiete	ysel	and the same

The part of the Care of the The Bear Sept of the Sept of t 1 02 122 WON - 00 - 11 - 124 1 No. 27/3 CEGINE L'YNROM St. Joseph Homber Course Mills.

5	1.	FOR STATE REGISTRAR		DEPARTI		HEALTH AND MENTA FICATE OF DEATH		ENE 8 0	276	7 9
		CEASED NAME FIRST	2 1977	MIDDLE	10.1	LAST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
5		Marie		V.	Pric	ce		NOV 10	80	10 A M
An V	SE	X	4 RACE		5 DATE	OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
		Female	Whit	:e	Dec	. 27 18	391	88-		
300	20 B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN	OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIE	0 0	BALTIMORE CITY OR COUN		1 1 1 1 1 1
\$25		ryland	US		WIDOW	ED MORCE	0 0	Baltimore C		MD.
6	1	ITY OR TOWN OF DEATH	III. NAME (OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET	ADDRESS]	OR OTHER INSTITUTIO		120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING	126. KIND C	F BUSINESS OR
1/0		arkville	PERRING	- PARKWAY N	URSING	HOME		Housewife		
33	13e	AL RESIDENCE (# NURSING HO STATE 136 C	ME'OR OTHER INSTITUT OUNTY	ISC CITY OF TOW Baltimor	N	134 INSIDE CITY LIM		527 Medford Rd		
7	14. F/	ATHER'S NAME FIRST	WIDDIE	LAST		15. MOTHER'S MAIDE		WIDDLE		
\$ D	1	Tohn	J.	Kelly		Nell:	ie	M.	Kell	7
Ē		VAS DECEASED EVER IN U.S	. ARMED FORCES		RITY NO.	17 INFORMANT	-	ADDRESS	5.70	
Pages, the r		No	, OITE WAR ON DAILS,	217-22-6	515	Charles Ke	elly	1527 Medford	Rd.Balt.	Md.21218
oval.		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er anly ane cause	per line far (a), (b), an	dicui	01		2 / 4	BETWEEN	MATE INTERVAL
remo			NUSED BY. DIATE CAUSE (o).	(Mummer)	1024	Edloma	6	. H.F.		
aum		4292	DUE TO	OR AS & CONSEQUE	NCE OF		1			
ation er tr		Canditians, if any, which	h (1b)	myo	CR	vidual	M	suse		
remati		gove rise to immediat cause (a), stating th	DUE TO	OR AS A CONSEQUE	NCE OF	Aci.	. 0			
ase re ial, cr V, or		underlying cause last	i. (c),		0	17561	L			
hen pleas to burial ty mjury,	Z C	PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	IE TERMIN	NAL DISEASE OR CONDITION (GIVEN IN PART 10	01
ene prior	CERTIFICATION	190 DATE OF OPERATION	196 COP	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CER	YES, WERE FINDIN	OF DEATH?
ygie	ERT	71a ACCIDENT WAS UNDERLYING	216. TIMI	E OF INJURY	_	121¢ HOW INJURY O	OCCURRE	YES NO	R PART I OR PART 2)	но 🗌
Item		OR CONTRIBUTING CAUSE O	F DEATH HOUR	A.M. MONTH DA				facilities and the state of ((Elst.)	mir wat not 4)	
o Je	MEDICAL	1 F EITHER, NOTIFY MEDICAL EXAM		P.M. CE OF INJURY	19	211 LOCATION				
th and N	ME	WHILE NOT WHILE		, STREET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
alth is ma		AT WORK - AT WORK		labor de construit de la		8191	18	///10	180	
f He 21		37s.1 certify that (I) (this I	aspital) attended	the deceased fram	\$0.	nd that in (my) (nur) or	nunion de	, taeoth occurred on the date and h	our and from the	that (I) (we) last
ot. o		22h Signatura	d not view he be	dy after death.	. 0		p.mon de			
tate Dep		Mathy	7/2	20350	1	DEGREE ATTEND		MEDICAL STAFF DIRECTOR PHYSICIAN	11 - 1	10-80
State		224 PHISEICIANIS NAME IT	HE OR PRINTI	11/1	1	220 ADDRESS	IAN U	DIRECTOR PHYSICIAN	2	
with the State Dept.		ANTHONY	FCI	40822	1-)	18014/PM	4/11	rowth or	Galto 1	nn
w s =	(BURIAL, CREMATION, REMO	VAL TIE DATE			EMETERY OR CREMAT	TORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		urial	Nov.1	2.1980 Ne	w Cat	hedral		Baltimore C.	4	aryland
H-16 25M	1	NERAL DIRECTOR		ADDRESS		25	PLOVE	REC'D) BY REGISTRAR		VRE Vendu
5, 4) 1/79	In	onard J. Ruci	k, Inc.	Baltin	more	.Md.		- 1000	/	7



V	1	-	FOR STATE REGISTRAR	
 10.7	1 10			ė

completely filled in by the funeral direct and 2 should be filed within 72 hours

STATE OF MARYLAND

1	- STATE REGISTRAR			DEPARIA		ICATE OF DEATH	REG	NO.		0 0
	CEASED NAME	FIRST		MIDDLE	·	AST	28. DATE OF DEATH		DAY YEAR	2b. HOUR
(1117)	CRPRINT)	Harol	: रे	B.	. P.	rior		11-	23-80.	10-26 M
3 SE			RACE		S. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNGER 24 HRS
	MAL	-5	White		MONTH	- S- 22	58.	YRS	MONTHS DAYS	HOURS MIN
Ja. B	IRTHPLACE (STATE (OR FOREIGN	L CITIZEN OF	WHAT COUNTRY?	8.	D TO NEVER MARRIED	1 BALTIMORE CIT		OF DEATH	
	iryland	Sec. 15	U.S.A.		WIDOWE		Balto. C	ounty		MD
,10. C	ITY OR TOWN OF	DEATH				OR OTHER INSTITUTION	128 USUAL OCCUP			OF BUSINESS OR
Ro	andallsto	wn	Balto.	Co. Gen.	Hospi	ital	Truck Dr	iver	INDUSTRY	111.
USU 13e	AL RESIDENCE (# P	TISE COUN	OTHER INSTITUTION TY	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	IJR STREET ADDRES	ss 3725	Collies	r Rd.
Mo	aryland	Balt	0.	Randalls	stown	YES A NO	Randalls	town, M	1d. 211.	33
14. F	ATHER'S NAME		NODLE	LAST		15 MOTHER'S MAIDEN NA			14	
	Joseph			Prior		Edna	most		Holmes	
	WAS DECEASED EN		AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT Mrs.	Margaret	ARESS Price	or	
	jes	WWII		215-18-3	9402	3725 Collier				21133
	Canditions, if a gave rise to cause (a), shounderlying ca	immediate	DUE TO, 0	R AS A CONSEQUE R AS A CONSEQUE		- MI WITH	7	enic		
z	PART 2 OTHER S	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	ONDITION GIV	VEN IN PART 1	lot
CERTIFICATION	190 DATE OF OPE	RATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES	NGS USED S OF DEATH?
	210. ACCIDENT WAS OR CONTRIBUTING [[IF EXTHER, NOTIFY M	CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM TB, I	PART I OR PART 2)	
MEDICAL	214 INJURY OCC	T WHILE	21R PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	saw the dece	(1) (this hospite eased alive on a e) (did) (did not	11-2	e deceased from	\$0, or	id that in (my) (our) opinian	death accurred on th	e date and has	19	that (I) (we) last causes stated
	226. SIGNATURE		Shah			DEGREE ATTENDING PHYSICIAN [STAFF SICIAN ()	22c. DATE	23 - 80
	BOL BUNCICIANUS	BIANE				Lee ADDRESS IN		-	_	

23c NAME OF CEMETERY OR CREMATORY

DHMH-16 25M (VRA 15, 4) 1/79

should be detached for use as the burial transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov

TO FUNERAL DIRECTOR: After this certificate has

IMPORTANT: If Item 21 is marked or Item 18 shows

23e BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

24 FUNERAL DIRECTOR FUNERAL DIRECTOR Loring Byers Funeral Directors P.A. 8728 Liberty Rd. Randallstown, Md. 21133

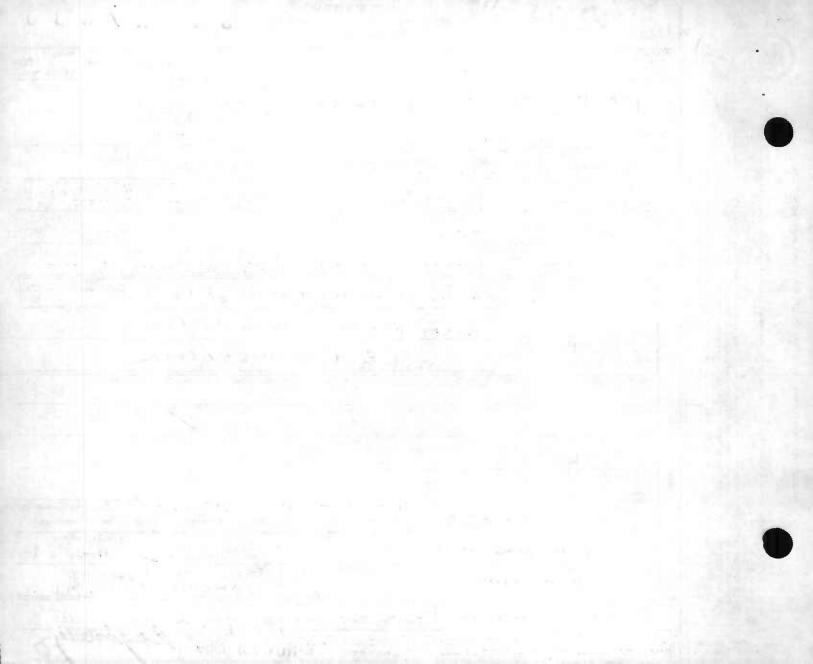
11-26-80

236. DATE

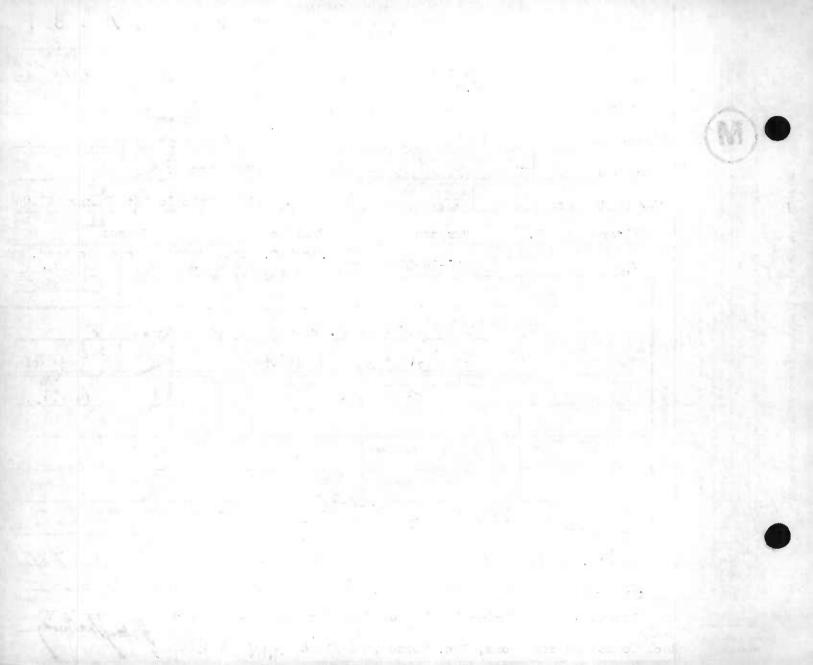
23d LOCATION CITY OR TOWN Balto. Loudon Park Cemetery

STATE

NOV 25 1980



STATE OF MARYLAND



				SIAI	E OF MARYLAND	444 444			
5	1	FOR STATE REGISTRAR	0		IEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	2.	1 6	8 2
4)		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
121	,		Estelle M.	Qu	atv	November 2	3. 198	0	8:50p ^
2.0	3 SE	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
ector s aft		Female	White	mont 7	28 1910	7	O YRS.	INTHS DAYS	HOURS MIN
h. Pa	7e B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY?	_	9 BALTIMORE CITY		FDEATH	
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fter thin	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ÓN	12b. KIND C	F BUSINESS OR
by the ed with	R	ossville	Franklin S		lospi tal	Housewif		INDUSTRY	
24 ho	USU		E OR OTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION)					
filled uld b	20			or town emere	134 INSIDE CITY LIMITS?	2905 Del	mar A	venue	
shout shout		ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	111001 21		
rted nd 2	1	Raiph	Love	iov	Amelia	WIDDLE		Nava	ra
secute 1 comp 1 and medica	16a:	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOC	IAL SECURITY NO	17 INFORMANT	ADDRE	SPOOF		ar Aver
and and ages		YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	46-5536	Robert Qua	tv Ba	lto.	M4 ;	21210
rs. Pare ent,					TROUCL O QUA	Cy Da.	1.00.		MATE INTERVAL ONSET AND DEATH
ohys cape mov ic ev		PART I DEATH WAS CAL	JSED BY					BETWEEN	ONSET AND DEATH
ing ing or re		IMMED	DIATE CAUSE (a) Cardio	B. I. S. C.	arrest			-	
death tendin carbo on, or traum		7100	DUE TO, OR AS A CO	onsequence of children can be considered in the constant of th	mation				
the at emove remati		Conditions, if ony, which gove rise to immediate			EL-C 01 OII				
# > 0 0		couse (o), stating the underlying cause lost	1000.0,000000		ritability			18300	
aw requires een signed k Then pleas or to burial any injury,		PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUT			INIAI DISEASE OR CON	DITION CIVE	I IN PART 1/	
n sig hen i to b	Z	TAKE OTHER SIGNIFICAL	TO CONDITIONS CONTRIBUT	NO TO DEATH BOT	NOT KELATED TO THE TERM	MINAL DISEASE OR COM	DILION GIVE	A NA LWELL	o'
	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	IN WAS PERFORMED	20a AUTOPSY?		WERE FINDI	
	¥					YES TO NOTE	IN CERTIFYI	NG CAUSES	OF DEATH?
A C C C		718 ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR				[]
physicil s certifi al-trans ental H		OR CONTRIBUTING CAUSE OF	DE ATT	TH DAY YEAR					
1	MEDICAL	21d INJURY OCCURRED	218 PLACE OF INJURY	19	211 LOCATION				
ING PI	X	WHILE NOT WHILE D	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC)	STREET	CITY OR TOV	VN	COUNTY	STATE
A: A as the state of the state			aspital) attended the decease	Nov.	23 1,80	n Nov. 2	3 10	80	that W (we) lost
TTO IN TO THE PERSON TO THE PE		saw the decreased olive	on Nov. 23	/19 80	nd that in (hart (our) opinion				
DHRECT DHRECT Dept. of		The Indiana (In) as (did) (die	lad) view the bady after deat	K.	DEGREE			224 DATE	
and the contract of the first	1	Marito	11/		MA ATTENDING	MEDICAL STA		11/5	7/1
PITA by the ERAL State	+	224 PHYTICIAN'S NAME ITY	Milan		PHYSICIAN [DIRECTOR PHYSIC	IANIZ	11/6	2/80
PHI SHI			/ /						/
OH ON THE	-	Dr. Fais	and a second		9000 Frankl		r., 21	237	
D	23a	BURIAL, CREMATION, REMOV			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	D-71.0	OUNTY	MD.
BP		Burial	11/26/198	0 Oak I			Balti		MD.
DHMH-16 25M	24 F		-Ruck, Inc.		NI-O	E REC'D. BY REGISTRAR	ISA. REGISSIO	AR'S SIGNAL	Brender
(VRA 15, 4) 1/79		7922 Wise		dalk. Mo	1.21222 NU	V 2 6 1980	had	77"	1

A MARIE TO THE TOTAL TO A STREET OF THE TOTAL TO Pight . b | Later ____ test but Diff-84-710 W/53/10 × Torra . Torr -sage 2022 I as reading Direction, 18. 22222 NOV 2 6 1969 Papping

V	FOR STATE REGISTRAR	DEPARI		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	210) (
	DECEASED NAME FIRST	MIDDLE	LAS	ıī	20 DATE OF DEATH MONTH	H DAY YEAR	2b. HO
	(TYPE OR PRINT)	Edna M. Ralston			November 28	, 1980	
1	3 SEX	4 RACE	5 DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEAR	IF UNO
75)	F	W	Octob	er 31, 1900	80	MONTHS DAYS	HOURS
34	6 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	2 1	□ NEVER MARRIED □	Baltimore City or Co Baltimore Co		
\$0C	Baltimore	11. NAME OF HOSPITAL, NURSII IF NOT IN SUCHFACILITY, GIVE STREE 205 Dunkirk	T ADDRESS)	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Fiscal Clerk	KING LIFE! 12% KIND OF INDUSTRY Rail	roa
E7 E	13e STATE 13b CC		RE ADMISSION)	34. INSIDE CITY LIMITS?	13. STREET ADDRESS	The Co	
1		timore Baltimo		YES NO T	205 Dunki	rk Rd.	
eal exa	FATHER'S NAME	E. Mitchell	1	S MOTHER'S MAIDEN NAM	nna Finnerty	LAST	
ne de	160 WAS DECEASED EVER IN U.S.		URITY NO. 1	17 INFORMANT	ADDRESS		
t, the		GIVE WAR OR OATES) RR A7050726		Mrs M. Virgi	in Leland 20	5 Dunkirk	Rd.
S shows any injury, or other	Canditions, if any, which gave rise to immediate cause lad, stating the underlying cause last. PART 2 OTHER SIGNIFICAN 11% DATE OF OPERATION 3/3/50 21% ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECULAR CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH SIZE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH SIZE CONDITION FOR WHICH SIZE CONDITION FOR WHICH SIZE CONDITIONS CONTRIBUTION FOR WHICH SIZE CONTRIBUTION FOR SAME SAME SAME SAME SAME SAME SAME SAME	BEATH BUT N	Infarctio	n with mile	A CIVEN IN PART 10 ACULUM INVES, WERE FINDIN CERTIFYING CAUSES (GS US
	21a ACCIDENT WAS UNDERLYING		11	21-HOW INJURY OCCURR	50		
tem	OR CONTRIBUTION CAUCE OF	DEATH HOUR A.M. MONTH D	AY YEAR	ZIOW HOJOKI OCCORR	ED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2	
or Item	OR CONTRIBUTION CAUCE OF	ER) P.M.	19		ED (ENTER NATURE OF INJURY IN IT	EM 18, PART I OR PART 2	
marked or Item	OR CONTRIBUTING CAUSE OF	DEATH	19	711 LOCATION STREET	EU (ENTER NATURE OF INJURY IN IT	EM 18, PART I OR PART 2	
em 21 is marked or Item	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CURRED WHILE AT WORK AT WORK AT WORK Saw the deceased alive obove, (I) (we) (did) (did)	(AT HOME, STREET, FACTORY, OFFICE, aspital) attended, the deceased fram	FARM, ETC.) May SO, and	711 LOCATION STREET 19 0 that in (my) (aur) apinian o		COUNTY	hat (I) ouses s
NT: If Item 21 is marked or Item	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTIO	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, sspital) attended the deceased fram.	FARM, ETC) May SO , and DE	211 LOCATION STREET 19 0 that in (my) (aur) apinion of the control of the contro	CITY OR TOWN	county 19 80 , the state of the country and from the country and from the country are country and the country are country and the country are country are country and the country are country are country are country and the country are country are country are country are country are country and the country are country are country are country are country are considered as a country are	hat (I) ouses :
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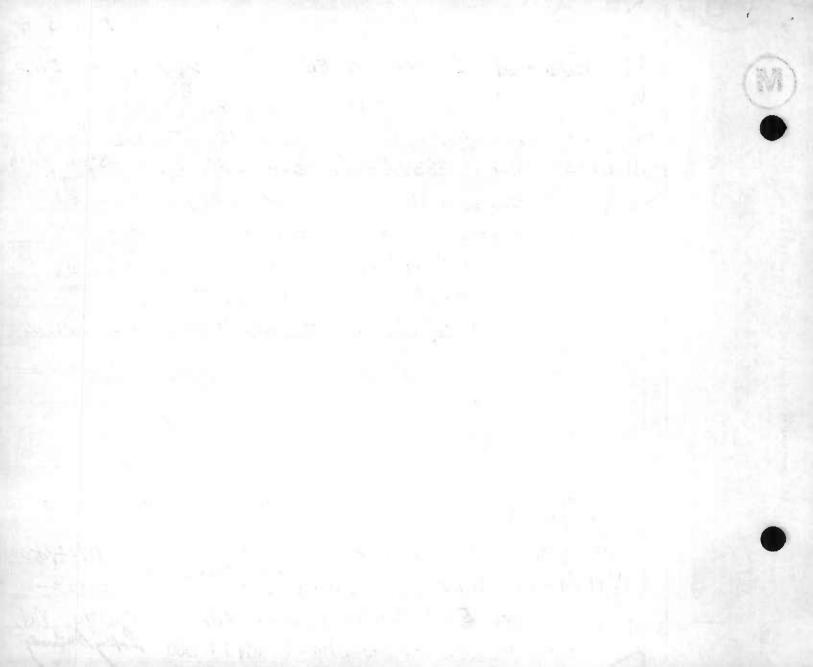
STATE OF MARYLAND

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a discount		1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
10		1-	STATE MEDICAL EXAMINED'S CEPTIFICATE OF DEATH	8 4
	1 (2M)	INDE	PECEASED NAME FIRST OF ESTI-	YEAR 75. HOUR 535 M
	ARY, PLETON PLETON STREET	3. SEX	1. RAGO S. DATE OF BIRTH MONTH DAY YEAR 1. ST RIFTHDAY MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 11 30	YEAR 24. HOUR 1980 535 M
9	NECESSARY, P FUNERAL DIREC 5 FOR YOUR 5, WITHIN 72 H WE PRESTON SI	FO	Maryland No citizen of what country? S. MARRIED NEVER MARRIED P. BALTIMORE CITY OR COUNTY OF DIVINOR COUNTY OF	enty MD.
	DELAY IS N 3 TO THE FIN IN PAGE 5 8E FILED.	Pen	11 . / M (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) OR	ID OF BUSINESS INDUSTRY Land Bros
. 21201	H. IF ANY DEL	130/5	STATE 1 1136 COVINITY 1 120 CITY OR TOWN 124 INCIRC CITY LIBERT ADDRESS 122 CITY CITY CITY CITY CITY CITY CITY CITY	21236
ORE, MD.	ES S S S		FIRST MIDDLE LAST FIRST MIDDLE LA	nneider
BALTIMORE	GIVE GIVE VITH PAGE	()	No (1985, GIVE WAR OR DATES) 219-18-3164 Anne Rebbert 4307 Soth	
301 W. PRESTON ST., I	FED WITHIN 24 HO PENCIL IN ITEM 1 AL-TRANSIT PERMIT MENTAL HYGIENE, IR REMOVAL.		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a) stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	PROXIMATE INTERVAL FEED ONSET A HIP DE ALTI-
RECORDS,	ME EX AND IN COUNTY AS A ALTH A MATIC	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REVATED TO THE TERMINAL DISEASE OR CONDITION GIVEN THE PART 1 (0). Chronice He part to to, Goston in Health, all celulions	
¥	OULL SED SED CRE	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 70. ALL YE	UTOPSY?
DIVISION OF VIT	TIFICATI	MEDICAL CE		
NIG	THIS WARE PAGE TATE	ME	AT WORK AT WORK	STATE
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNEXA DIRECTOR: AFTER DE BALTIMORE, MARYLAND, 2		22a. I certify that I took charge of the remains described abave, held an Autopsy I, Inspection II, Inquiry I, and in my opinion death resulted from: Natural causes II, Accident I, Suicide II, Homicide I, Undetermined manner II, ACTUAL SIGNATURE MEDICAL EXAMINER DATE SIGNATURE	1-30-80
	AGE 4 S O FUNER FIER DE A ALTIMOR		EXAMINER'S NAME SOHALC. Hyle address 7507 Below Bullo 2036	md
	BP	23a. B	BURIAL 236. NAME OF CEMETERY OR CREMATORY 23d. IOCATION COUNTY SPECIAL SPECIAL STATE OF CEMETERY OR CREMATORY 13d. IOCATION COUNTY SPECIAL SPE	re Md.
	DHMH - 17 (VR A15 ME (5)) 15M 7/77		FUNERAL DIRECTOR NAME ADDRESS ADDRESS ADDRESS 7401 Belair Road DEC 3 1980 The state of th	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONIH 2b HOUR (TYPE OR PRINT) Lesten 1980 3 SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSLITUTION 120 USUAL 020 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for tal, (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NOI YES [NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21f. LOCATION 0 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) lour) apinian death accurred an the date and haur and fram the causes stated d not fivew the bady after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) ould b 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b DATE 25b. REC DHMH - 16 60M 1/75 (VRA 15 (4))



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THE STATE OF SHARE IN THE SEC. . 1. SHARE SEC.

00	Items 18c, Pt.2,] 1- FOR dad REGISTRAR 1. DECEASED NAME FIRST (TYPE OR PRINT) LE NORA	L9a-22a G550 12, DEPART MIDDLE MYERS	MEESE	REG. N 20. DATE OF DEATH	2 7 O. MONTH DAY 11 28	5 8 7 YEAR 25 HOUR 80 6:55AM
ge 4 may cector, poug	3. SEX Female	4 RACE White	5 DATE OF BIRTH August 22,1916	6 AGE (IN YEARS LAST BIR		DER I YEAR IF UNDER 24 HRS
seoth. Par un 72 houn 72 hour	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	MORE CO	
by the fu	TOWSON, MD.	GBMC-6701 GIVE TREET	CHARLES ST.	TIE USUAL OCCUPATION OF COMPANY O		A. KIND OF BUSINESS OR DUSTRY
completely filled in 1 and 2 should be 1 skonline must be	14 FATHER'S NAME FIRST Henry Tal	timore Towso MIDDLE Myers	N 13d. INSIDE CITY LIMITS? YES □ NO 🋣 15. MOTHER'S MAIDEN NA FIRST Jen.	13e STREET ADDRESS 524 E. Se ME Lenora Binl	kley	lve.
be execu	No	216-46-2	624 C. Ford Rees		Same	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rather ding physician. To then this certificate has been signed by the ottending physician and completely filled in by the burial-transit permit. Then please remove conbanpapers. Pages 1 and 2 should be filled in the and Amntal Hygiene prior to burial, cremation, or removal. The provided or them 18 shows any injury, or other troumatic event, the medical examiner must be be accepted as the provided or them.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (c) ASPTI	FNCE OF PULMONARY ARE		DITION GIVEN IN	PART 1(a)
on. hos beer to permit. ene prior ows ony i	Pre senil 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
ITAL OR ATTEND by the hospitol o RAL DIRECTOR. A e detoched for use stote Dept. of Head	OR CONTRIBUTING ST CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK 17a. I certify that (I) (this hosp sow the deceased alive of	ATH HOUR A.M. MONTH D.M. NA P.M. NA P.	19 21f LOCATION STREET	N/A to death occurred on the death occurred occurred on the death occurred on the deat	1 - 28, 19 8 ote and hour and 12	OUNTY STATE
O HOSI	WM. J. OK	TAVEC, MD.	GBMC-6701		S ST.	
BP	230. BURIAL, CREMATION, REMOVAI (SEECIFY) Burial 24 FUNERAL DIRECTOR	Nov. 29,1980	Druid Ridge 5500 York Rd.	23d LOCATION CITY OF TOWN Pikesvill	es Balto	

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11/30/80

March March

Willing Oronie 30 mile . H

Puthbuy F. CHERRIAR 1301 WANTHER & St Sale DE

Eline Funeral Home Reisterstown, Md. 21136

MIDDLE

FOR

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 7/77

VR A 15 (4))

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

26 HOUR

7:30

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

STATE

IF UNDER 24 HR

IF UNDER 1 YEAR

YES T

COUNTY

22c. DATE SIGNED

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